2004 FOR PROFIT CORPORATION

Apr 07, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # J07811** 04-07-2004 90339 013 ***150.00 BELLA, HERMIDA, GILLMAN & ASSOCIATES, P.A. Principal Place of Business Mailing Address 14000955 1707 W. REYNOLDS ST 1707 W. REYNOLDS ST PLANT CITY, FL 33567 PLANT CITY, FL 33567 03252004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2696685 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GILLMAN, H. LEO DO NOT WRITE 1707 W. REYNOLDS ST PLANT CITY, FL 33566 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE I\$ \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GILLMAN, H. LEO NAME 1707 W. REYNOLDS STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33567 TITLE HANCOCK, WILLIAM H. NAME 1707 W. REYNOLDS STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL DT TITLE NAME MUELLER, W. ANDREW, JR. STREET ADDRESS 1707 W. REYNOLDS DO NOT WRITE PLANT CITY, FL CITY-ST-ZIP IN THIS SPACE TITLE HURN, JAMES E NAME STREET ADDRESS 1707 W. REYNOLDS ST CITY-ST-ZIP PLANT CITY, FL 33567 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED