2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

Feb 12, 2004 8:00 am DOCUMENT # J11266 **Secretary of State** 1. Entity Name 02-12-2004 90032 021 ***150.00 BURTON NELSON, INC. Principal Place of Business Mailing Address 914 CASEY COVE DR NOKOMIS FL 34275 914 CASEY COVE DR NOROMIS FL 34275 US 2. Principal Place of Business 3 Mailing Address Suite, Apt. #, etc CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-2703892 DMET MIG Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired ジインンノ NONO ICTO Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAST, JAMES R 1612 EAST LAKE DR Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33316 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ■ Addition TITLE TITLE ☐ Delete NELSON, BURTON NAME NAME 914 CASEY COVE DR STREET ADDRESS STREET ADDRESS NOKOMIS FL 34275 CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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