2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # J51436 1. Entity Name 04-12-2004 90639 050 ***150.00 VAGABONDO, INC. Principal Place of Business Mailing Address 2200 OCEAN DR S 4C 2200 OCEAN DR S.4C-14001851 JACKSONVILLE FL 32250 JACKSONVILLE FL 32250 2. Principal Place of Business 3. Mailing Address 110 IST STREET 112 OLD MILL COURT Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Sity & State City & State 4. FEI Number Applied For 59-2762222 CONTE VEDRA BEACH, FL JEPTUNG BEACH Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 32082 Fee Required 3226<u>6</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANTHONY-PELS ---RECUPTIO, JOHN Street Address (P.O. Box Number is Not Acceptable) 2200 OCEÁN DRIVE SOUTH STREET JACKSONVILLE FL 32250 Zip Code NEPTUNE BEACH 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 egistered age <u>Pers</u> AMTHONY SIGNATURE inted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT & DIRECTOR Delete TITLE ☐ Change TITLE RECUPITO: JOHN-NAME NAME ANTHONY PELS 2200 OCEAN DR S-4C STREET ADDRESS STREET ADDRESS 110 IST STREET CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP FL. 3226 NEPTUNE BEACH, TITLE Delete TITLE Change Addition RECUPITO, ROSARIO NAME NAME 2200 OCEAN DR 9 4C STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CRY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE 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.

ANTHORY PERS, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

904-249-5573

Daytime Phone #