## 6004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # J62019 1. Entity Name O4 JUL 14 PM 3: 12 PRUDENTIAL FINANCIAL SERVICES, LTD., CORP. SECHETZIN' OF STATE TALLZHASSEE FLORIDA Principal Place of Business Mailing Address 5540 SCARINGTON CT., W. SOMERSET VILLAGE ORLANDO FL 32821 5540 SCARINGTON CT., W. 04/09/04 90026 018 158 25 SOMERSET VILLAGE ORLANDO FL 32821 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For **NO-T APPLICABLE** Not Applicable Zip Country \$8.75 Additional Zio Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GELLER BDWARD -SANDS, NICHOLAS M. 5540 SCARINGTON COURT W. ORLANDO FL 32821 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. 4-1-04 (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. 11. EXECUTIVE VICE PRESIDENT Change TITLE TITLE EDWARD GELLER ESQ 44 BAST 74755 SANDS, NICHOLAS M. MAME NAME STREET ADDRESS STREET ADDRESS 5540 SCARINGTON COURT, W CITY-ST-ZIP 10021 CITY-ST-ZIP ORLANDO, FL. 32821 Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS 74 ST New York 1004 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE 210-18 VACHT CLUB DRIVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TIT! F ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CtTY-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.

4-1-04 212-988-6177