2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 05, 2004 08:00 AM Secretary of State **DOCUMENT # J75743** DOWNS INVESTMENT PROPERTIES, INC. Principal Place of Business Mailing Address % THOMAS DOWNS % THOMAS DOWNS 777 N. MIRAMAR 777 N. MIRAMAR INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 03312004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2808851 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent MOSLEY, WALLIS & WHITE DO NOT WRITE 1221 EAST NEW HAVEN AVE MELBOURNE, FL 32901 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) Election Campaign Financing File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTD BILE U00000102375 04/05/04-80013-004 150.00 DOWNS, THOMAS MARK STREET ADDRESS 777 N. MIRAMAR CTY-ST-ZIP INDIALANTIC, FL TITLE NAME: STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under only; that I am an officer or director of the corporation or the receiver at sustee 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:

STREET ADDRESS
CITY-ST-ZIP
ITILE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICED OR PRINCIPLE

1/04 (321) 725-3006

FILED

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