_2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 28, 2004 08:00 AM DOCUMENT # K00223 Secretary of State 1. Entity Name R.L. REIMER ENTERPRISES, INC. Principal Place of Business Mailing Address 454 ROCKEFELLER DRIVE NEW SMYRNA BCH FL 32168 454 ROCKEFELLER DRIVE NEW SMYRNA BCH FL 32168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2872539 Not Applicable Ζıρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REIMER, LOUIS R 454 ROCKERFELLER DR Street Address (P.O. Box Number is Not Acceptable) NEW SMYRNA BCH FL 32168 City Zip Code 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 Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME REIMER, LOUIS R NAME U00000018745 454 ROCKERFELLER DRIVE STREET ADDRESS STREET ADDRESS 01/28/04-80148-003 150.00 CITY - ST - ZIP NEW SMYRNA BCH FL 32168 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME REIMER, LOUIS R. NAME STREET ADDRESS 454 ROCKFELLER DR. STREET ADDRESS NEW SYMRNA BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition Addition NAME REIMER, DEBORAH J NAME STREET ADDRESS 454 ROCKERFELLER DRIE STREET ADDRESS CITY-ST-ZIP NEW SMYRNA BCH FL 32168 CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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-ZIP 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.

G OFFICER OR DIRECTOR

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