2004 FOR PROFIT CORPORATION

Mar 22, 2004 8:00 am Secretary of State ANNUAL REPORT 03-22-2004 90026 038 ***150.00 **DOCUMENT # K03073** 1. Entity Name ROBERTS, REYNOLDS & BEDARD, P.A. 54020313 Principal Place of Business Mailing Address 470 COLUMBIA DRIVE 470 COLUMBIA DRIVE BLDG. C-101 BLDG. C-101 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0004867 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REYNOLDS, LYMAN H JR. Street Address (P.O. Box Number is Not Acceptable) 470 COLUMBIA DRIVE BLDG. C-101 WEST PALM BEACH, FL 33409 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 DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPT ☐ Change ☐ Addition TITLE ☐ Delete TITLE ROBERTS, GEORGE P., JR. NAME NAME 470 COLUMBIA DRIVE, BLDG, C STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33409 CITY-ST-ZIP CITY-ST-ZIP D٧ **Change** ☐ Addition TITLE ☐ Delete TITLE REYNOLDS, LYMAN H., JR. NAME NAME STREET ADDRESS 470 COLUMBIA DRIVE, BLDG. C STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33409 CITY-ST-7!P Change TITLE TITLE DS ☐ Addition Delete BEDARD, BENJAMIN L NAME NAME 470 COLUMBIA DRIVE, BLDG, C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33409 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change Gerard A. Tuzzio Bus. C 470 Columbra Dr. Bus. C NAME NAME STREET ADDRESS STREET ADDRESS West Palm Beach, Fr 33409 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D TYPES OF PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

3.16.00

Daytime Phone #

☐ Change

☐ Addition

FILED