2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like ampowered.

SIGNATURE AND TYPED OR PRINTED NAME OF

Apr 20, 2004 8:00 am Secretary of State **DOCUMENT # K04695** 1. Entity Name 04-20-2004 90027 002 ***158.75 CALL BILL BACKHOE, INC. Principal Place of Business Mailing Address 101425 OVERSEAS HWY 4990 SW 52ND ST # 603 KEY LARGO FL 33037 SUITE 211 FT. LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0032525 Not Applicable Zio Country Zip 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 GUNDLACH, WILLIAM Street Address (P.O. Box Number is Not Acceptable). 2780 E OAKLAND PARK BLVD FT. LAUDERDALE FL 33306 Plantation 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DST TITLE ☐ Change ☐ Addition Delete NAME SELBY, EDITH E. NAME STREET ADDRESS 470 SW PETERSBURG TERR STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33325 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE SELBY, WILLIAM H. NAME STREET ADDRESS 470 SW PETERSBURG TERR STREET ADDRESS PLANTATION FL 33325 CiTY-ST-77P CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED