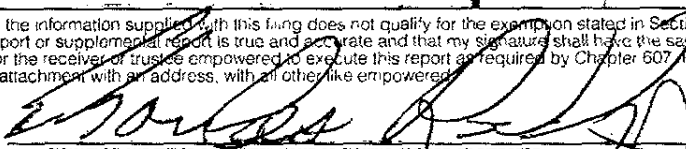


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # K29080 1. Entity Name THE RODDY CORPORATION					
Principal Place of Business 180 ROYAL PALM WAY #201 PALM BEACH, FL 33480 US			Mailing Address 180 ROYAL PALM WAY SUITE 201 PALM BEACH, FL 33480		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip		Zip			
Country		Country		04292004 Chg-P CR2E034 (10/03)	
4. FFI Number 65-0069640				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STAMBOUGH, REGINALD G 180 ROYAL PALM WAY SUITE 201 PALM BEACH, FL 33480			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 state and county (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RODDY, CHARLES T		NAME		
STREET ADDRESS	180 ROYAL PALM WAY, STE 201		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH, FL 33480		CITY - ST - ZIP		
TITLE	AS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	STAMBAUGH, REGINALD G		NAME		
STREET ADDRESS	180 ROYAL PALM WAY #201		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH, FL 33480		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		
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 an other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/29/04 Date Daytime Phone #		