FILED Apr 16, 2004 8:00 am

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| ANNUAL | REPORT | |
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| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, CRAIG 2718 CENTERVILLE RD TALLAHASSEE, FL 32308 | *150.00 Applied For Not Applicat Additional uired |
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| PO BOX 13386 2718 CENTERVILLE RD TALLAHASSEE, FL 32317 US 3. Mailing Address Suite, Apt. #, etc. O1052004 Chg-P CR2E034 (10/4) City & State City & State City & State Country To Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32308 City The Obligations of registered agent. SiGNATURE Signature, lyced or printed name of registered agent and title if applicable. INDITE Registered Agent signature required when remistating) O Fleeting Company Species (P.O. Box Number remistating) | Applied For Not Applicat Additional uired |
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| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Fee Req 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OHNSON, CRAIG 2718 CENTERVILLE RD FALLAHASSEE, FL 32308 City FL Zip 1. 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 of the obligations of positive agent. Signature byped or printed name of registered agent and title if applicable. I (NOTE Registered Agent signature required when reinstating) DATE OF Station Composing Figure 2. CF 100 to 2. | Not Applicate Additional uired |
| Signature. Hyped or printed name of registered agent and title if applicable. Country See Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip City City FL City City City City FL City | vired |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 obligations of registered agent. Signature. Typed or printed name of registered agent and title if applicable. Name Name On the Address of New Registered Agent Name Name On the Registered Agent Name Name On the Registered Agent Name Name Name Name Name Name Name Name Name Not Acceptable) The Obligations of registered agent. Not Acceptable. In the State of Florida. I am familiar with the Obligations of registered agent. Name Na | Code |
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| Street Address (P.O. Box Number is Not Acceptable) City FL Zip IThe 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 wither obligations of registered agent. Signature. Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE OF Election Composing Financing. | |
| City FL Zip 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 obligations of registered agent. FROM TORRE Signature, typed or printed name of registered agent and title if applicable. INOTE, Registered Agent signature required when reinstating) DATE DATE | |
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| The obligations of registered agent. SIGNATURE PRIOR Johnson Pres, Dent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE | ith, and accer |
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| After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. | |
| 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECT | |
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of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William DROWN 4/1/04 850-386-2354