2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # K41621** 1. Entity Name 04-12-2004 90310 033 ***150.00 STUDOR, INCORPORATED Principal Place of Business Mailing Address 2030 MAIN STREET 2030 MAIN STREET 94049718 DUNEDIN, FL 34698 DUNEDIN, FL 34698 US 2. Principal Place of Business 3. Mailing Address 11256 474h 11356 Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For learwater leanwater 59-2929906 Not Applicable Country 3376 a \$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 Name BEUSCHEL, JACK 2030 MAIN STREET Street Address (P.O. Box Number is Not Acceptable) DUNEDIN, FL 34698 4744 St. L Zip Code 3 376 2 learwater 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CFO ☐ Delete TITLE ■ Addition NAME CROSS, ROBERT L NAME 455 W. VICTORIA ST STREET ADDRESS STREET ADDRESS COMPTON, CA 90220 CITY-ST-ZIP CITY-ST-ZIP TITLE PST Delete TITLE ☐ Change ☐ Addition BEUSCHEL, JACK NAME NAME STREET ADDRESS 830 LUCAS LANE STREET ADDRESS CITY-ST-ZP OLDSMAR, FL 34677 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME MANNERINO, ERNIE NAME STREET ADDRESS 202 INDUSTRIAL PARK LANE STREET ADDRESS CITY-ST-ZIP -COLLIERVILLE, TN 38017 -CITY-ST-ZIP. TITLE ☐ Delete TITLE ☐ Change ☐ Addition GORDIN, GARY NAME NAME STREET ADDRESS 202 INDUSTRIAL PARK LANE STREET ADDRESS CITY-ST-ZIP COLIERVILLE, TN 38017 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.

OFFICER OR DIRECTOR

FILED