2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # K58528 1. Entity Name D.R. KOLMETZ, INC. Mailing Address Principal Place of Business P. O. BOX 301 3010 DAWKINS ST VERNON, FL 32462 US VERNON, FL 32462 US CR2E034 (10/03) 04042005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2963471 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KOLMETZ, D.R. DO NOT WRITE 3010 DAWKINS STREET VERNON, FL 32462 ___ IN THIS SPACE 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 Flurida. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent argnature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. DP TITLE KOLMETZ, D.R. 3010 DAWKINS STREET STREET ADDRESS VERNON, FL 32462 CITY ST-ZIP 100000334922 04/27/05-80066-804 150.00 TITLE NAME STREET ADDRESS CITY-ST ZIP MALIE STREET ADDRESS DO NOT WRITE CITY-S1-ZIP IN THIS SPACE MALIE STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS

12. Thereby 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 if 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.

SIGNATURE:

COLY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05

850 849-9137

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FILED