2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 28, 2004 08:00 AM Secretary of State DOCUMENT # K85893 1. Entity Name 3 - N CORP. Mailing Address Principal Place of Business P. O. BOX 236 401 TERRA CEIA ROAD TERRA CEIA FL 34250 TERRA CEIA FL 34250 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0171152 Not Applicable Zip Country 2ıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANSON, JOHN C. 406 13TH ST. WEST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34250** City 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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE. Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE U000000070263 NANNEY, JAMES C. NAME NAME 03/01/04-80037-019 150.00 STREET ADDRESS P O BOX 236 N/A STREET ADDRESS CITY-ST-ZIP TERRA CEIA, FL 34259 DITY - ST - 712 ☐ Delete TITLE Change ☐ Addition TITLE NANNEY, MARGI NAME STREET ADDRESS STREET ADDRESS P O BOX 236 N/A TERRA CEIA, FL 34259 CITY-S1-ZIP CITY-ST-ZIP Change ☐ Addition TITLE VTD Delete TITLE NAME NANNEY, JENNIFER NAME STREET ADDRESS STREET ADDRESS P O BOX 236 N/A CITY-ST-ZIP CITY-ST-71P TERRA CEIA, FL 34259 Change ☐ Addition ☐ Delete TITLE TILE NAME NANNEY, MARY S. NAME STREET ADDRESS P O BOX 236 N/A STREET ADDRESS TERRA CEIA, FL 34259 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of 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.

FILED