2005 FOR PROFIT CORPORATION * **ANNUAL REPORT (AR)**

Feb 07, 2005 08:00 AM DOCUMENT # L02404 1. Entity Name **Secretary of State** CURTIS L. LAW, INC. Principal Place of Business Mailing Address % E. JACKSON BOGGS 3812 PERDEW RD LAND O' LAKES FL 34639 % E. JACKSON BOGGS 3812 PERDEW RD LAND O' LAKES FL 34639 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2992450 Not Applicable Zip Country 7in Country \$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 BOGGS, E. JACKSON Street Address (P.O. Box Number is Not Acceptable) 501 E KENNEDY BLVD **SUITE 1700** TAMPA FL 33602 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 Florida. I am familiar with, and accept (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition LAW, CURTIS L. NAME. NAME 3812 PERDEW DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAND O LAKES FL CITY-ST-ZIP ☐ Change TITLE Defete THE ☐ Addition NAME LAW, MAXINE M. NAME STREET ADDRESS 3812 PERDEW DR STREET ADDRESS CITY-ST-ZIP LAND O LAKES FL CHY-SI-7# TITLE Delete ☐ Change Addition U00000217485 NAME LAW, CURTIS L., JR. 02/07/05-80028-005 150,00 STREET ADDRESS 3812 PERDEW DR STREET ADDRESS CHY-SI-7P CITY - ST - ZIP LAND O LAKES FL HILE ☐ Delele TITLE Change ☐ Addition DARANT, SHELLIE ANN NAME NAME STREET ADDRESS 3812 PERDEW DR STREET ADDRESS CITY-ST-ZIP LAND O LAKES FL CITY-ST-ZIP TITLE ☐ Delete MILE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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)(f), 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. L. Law (urtis L. Law 2-4-05

SIGNATURE:

813-996-4860

FILED