2004 FOR PROFIT CORPORATION

FILED Jul 28, 2004 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # L03031 1. Entity Name 07-28-2004 90019 004 ***550.00 TOURTELOT BROTHERS REFERRAL GROUP, INC. Principal Place of Business Mailing Address % RICHARD C. TOURTELOT 3000 66TH ST N % RICHARD C. TOURTELOT 3000 66TH ST N 24062347 SAINT PETERSBURG FL 33713 SAINT PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) Applied For City & State City & State 4. FEI Number 59-2962798 Not Applicable Zip Country 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 TOURTELOT, RICHARD D. 3000 66TH ST N ST PETERSBURG FL 33710 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, with State of Florida. I am familiar with, and accept the obligations of regi (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 \$.607,193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing late fee. By checking this box, the corporation certifies it DUE BY September 8, 2004 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change ■ Addition Delete TITLE TOURTELOT, WILLIAM C. NAME NAME 414 FOURTH AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-7IP VD ☐ Delete TITLE ☐ Change Addition TOTALE TOURTELOT, RICHARD D. NAME NAME 3000 66TH ST. N. STREET ADDRESS STREET ADDRESS ST.PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete Change ☐ Addition TITLE TITLE

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 of 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 v address, with all other like em Tourtelat

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR