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2004 FOR PROFIT CORPORATION

Apr 20, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L54868** 1. Entity Name 04-20-2004 90056 001 ***450.00 EASY MAIL WEST, INC. Principal Place of Business Mailing Address 1699 APALACHEE PKY 1099 APALACHEE PKY TALLAHASSEE, FL 32301-3009 TALLAHASSEE, FL 32301 3000 66413324 2. Principal Place of Business 3. Mailing Address 3078 HONOR Suite, Apt. #, etc. Suite, Apt. #, etc. 01272004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number TALLAHASSEE 59-3002285 Not Applicable Zip 32301 Ζŧρ 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 GOOD, LARRY, D. BOOD STREET 3018 HONOR LANC Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32344 32301 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Defete TITLE ☐ Addition GOOD, LARRY NAME NAME 5800 OLD FORGE CT. 3078 HUNOR LANE STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32341 32301 CITY-ST-ZIP CITY-ST-ZIP VP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOOD, JUDY K. NAME NAME 5800 OLD FORGE CT 3078 HONOR LANE STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32911 3430/ CITY-ST-7/P CITY-ST-7P ☐ Delete Change Addition TITLE TITLE GOOD, BRUCE D NAME 5800 OLD FORGE CT 3078 HONOR LANE STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32941- 3230/ CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE ☐ Change — ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ■ Addition ☐ Delete 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.

Larry D. Good

Daytime Ptyone #

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