2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 02, 2004 8:00 am Secretary of State DOCUMENT # L98972 1. Entity Name 04-02-2004 90050 035 ***150.00 CATBIRD PROPERTIES, INC. Principal Place of Business Mailing Address HIGHWAY 90 EAST QUINCY FL 32351 2450 BASS BAY DRIVE TALLAHASSEE FL 32312 34046100 2. Principal Place of Business 3. Mailing Address 75 Clearwater Street Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Quincy, FL 4. FEI Number Applied For City & State 59-3030265 Not Applicable 5. Certificate of Status Desired - 88.75 Additional -Country -----32351 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Fisher, FredFISHER, FRED Street Address (P.O. Box Number is Not Acceptable) 75 Clearwater Street 2450 BASS BAY DRIVE TALLAHASSEE FL 32312 City Zip Code 32351 Quincy 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, typed or printed name of registered agent and title if applicable. (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, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME THOMAS, BRUCE H NAME STREET ADDRESS HIGHWAY 90 EAST STREET ADDRESS QUINCY FL 32351 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition FISHER FRED TO NAME Pisher, Fred M. STREET ADDRESS 2450 BASS BAY DR 75 Clearwater Street STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 Quincy,FL 32351 CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/24/04 850-815-2000 Date Dayling Phone #

FILED