2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004
Secretary of State

DOCUMENT# M73172

Entity Name: TRADERS BAY COMPANY, INC.

Current Principal Place of Business:

2800 PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320843627 US

New Principal Place of Business:

2800 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320843627 US

Current Mailing Address:

2800 PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320843627 US

New Mailing Address:

2800 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 320843627 US

FEI Number: 59-2892355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LASSITER, CHARLES M
2800 PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

LASSITER, CHARLES M
2800 N. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084 US

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.

SIGNATURE: 03/15/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MAGUIRE, CRAIG A.,
Address: 28 CORDOVA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DV ( ) Delete
Name: LASSITER, CHARLES M.,
Address: 809 COASTAL HWY
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DST ( ) Delete
Name: PELLICER, CHARLES E.,
Address: 320 REDWING LN
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES M LASSITER DV 03/15/2004
Electronic Signature of Signing Officer or Director — Date