2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE TOUVAL, SHIRLEY E STREET ADDRESS CITY-ST-ZIP TITLE TOUVAL, CARY V GOS PRINGS, FL 32043 TITLE TOUVAL, CARY V GOS PRINGS, FL 32043 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	1. Entity Name	MENT # N34932 OVE SPRINGS PRESER	VATION	SOCIETY, INC	c .			04-26-2004	90491 046	5 ****61	.25
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country S. Confidence of Status Desired S. S. Additional Fee Required S. S. Additional To Name and Address of New Registered Agent Street Address (P. G. Box Number is Not Acceptable) Surres Address (P. G. Box Number is Not Acceptable) City FL Zip Dode City FL Zip Dode City FL Zip Dode City FL Zip Dode S. S. ON May 10 Address (P. G. Box Number is Not Acceptable) Surres Address (P. G. Box Number is Not Acceptable) Surres Address of Provide agent. S. S. ON May 10 Added to Fees Flining Fee is \$61.25 Due by May 1, 2004 Discours, kinet or privace area of inclinate and state agent. Discours, kinet or privace area of inclinate and state agent. Discours, kinet or privace area of inclinate and state agent. S. S. ON May 10 Added to Fees Flining Fee is \$61.25 Due by May 1, 2004 Discours, kinet or privace area of inclinate and state agent. Discours And Directories 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Addition Make DIVAL, STEPHEN J Addition Dival, STEPHEN J Addition Now. SIREM ADDRESS DIVAL STEPHEN J Divals, STEPHEN S. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Divals, STEPH ADDRESS City 51-2P Divals, Carry v Divals,	428 WALNUT STE. 402	STREET	428 V STE. 4	428 WALNUT STREET Ste. 402							
City & State Country Country Country Country Ender Address of Current Registered Agent To Name and Address of Status Desired Sa.75 Additional Present Address of New Registered Agent To Name and Address of New Registered Agent To Name City FL City City FL City FL City City FL	2. Principal Place of Business		3. Maili	3. Mailing Address							
Separation Sep	Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			03312004	Chg-NP	CR2E037	7 (10/03)	
Signarus posses of Current Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent To Name agent To Nam	City & State		City	City & State				403		_ 	
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip	Country		Zip Co		untry					
DUVAL, STEPHEN J. 428 WALANUT STREET SUITE 402 City FL Zip Code		6. Name and Address of Curre	nt Registered	l Agent		Name	7. Name and A	ddress of New I	Registered A	gent	
### City ###	· · · · · · · · · · · · · · · · · · ·										
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 Filling Fee is \$61.25 Due by May 1, 2004 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME DUVAL, STEPHEN J STREET ADDRESS CITY-ST-2P GREEN COVE SPRGS, FL 32043 TITLE TITLE TOUVAL, SHIRLEYE STORET ADDRESS CITY-ST-2P SOD WNRTLE AVE GREEN COVE SPRGS, FL 32043 TITLE TOUVAL, CARRYY' DUVAL, CARRY											
SIGNATURE Signature, Niject or printed rame of registered agent and side if applicable (NOTE Registered Agent signature required when remaining) DATE					City			FL	Zip Code	Э	
Filling Fee is \$61.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Delete 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Addition 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Addition 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Addition 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Addition 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Addition 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Addition 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Addition 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. Addition 11. ADDITIONS/CHANGES THE ADDRESS OF THE ADD			for the purpo	ese of changing its r	egister	ed office or regis	stered agent, or both	, in the State of F	lorida. I am fa	amiliar with,	and accept
Filing Fee is \$61.25 Due by May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE TOUVAL, SHIPLEY E STREET ADDRESS CITY-ST-ZP TITLE TOUVAL, CARY V TOUVAL	SIGNATURE.	Signature, yiped or printed name of registered ag	ent and title if appl	cable. (NOTE:	Registere	xt Agent signature requ	uired when reinstating)		DATE		
TITLE INAME INAME INTERET ADDRESS STREET ADDRESS ST	T .= .0						\$5.00 May Be Added to Fees				
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	10.		DIRECTORS		11.		ADDITIONS/CHA	NGES TO OFFIC	ERS AND DIR	ECTORS IN	10
MAME STREET ADDRESS CITY-ST-ZIP TITLE TOUVAL, CARY V GREEN COVE SPRINGS, FL 32043 TITLE TOUVAL, CARY V GREEN COVE SPRINGS, FL 32043 TITLE TOUVAL, CARY V GREEN COVE SPRINGS, FL 32043 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	DUVAL, STEPHEN J 500 MYRTLE AVE	2043	Delete	NAM Stre	RE EET ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP GOS MYRTLE AVE GREEN COVE SPRINGS, FL 32043 CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	DUVAL, SHIRLEY E 500 MYRTLE AVE	2043	☐ Delete	NAM Stre	RE EET ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	DUVAL, CARY V 605 MYRTLE AVE	32043	□ Delete	nam Stre	ie Eet address				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS			☐ Delete	NAM STRI	ie Eet address				☐ Change	☐ Addition
NAME STREET ADDRESS STREET ADDRESS	TITLE	I		☐ Delete	TITL	E				Change	Addition
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	STREET ADDRESS				STR	EET ADDRESS					

indicated on this report of 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 617, 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. 4-22.04

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #