2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 31, 2004 8:00 am Secretary of State DOCUMENT # P00009000049 03-31-2004 90003 008 ***150.00 BUYEA'S SMALL ENGINE, INC. Principal Place of Business Mailing Address 54024393 137 COMMERCE STREET 137 COMMERCE STREET LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 2. Principal Place of Business 3. Mailing Address 755 S. Main Street 755 S. Main Street Suite, Apt. #, etc. Suite, Apt. #, etc. 03142004 Chq-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0972893 Not Applicable Lake Placid, FL Lake Placid, FL Country Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired П 33852 Fee Required USA 33852 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NIELANDER, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 116 E. INTERLAKE BLVD. LAKE PLACID, FL 33852 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. X Change ☐ Addition DST Delete TITLE TITLE BUYEA, CYNTHIA M NAME NAME STREET ADDRESS 137 COMMERCE STREET STREET ADDRESS 755 S. Main Street LAKE PLACID, FL 33852 CITY-ST-ZIP Lake Placid, FL 33852 CITY-ST-ZIP XI Chance ☐ Addition ☐ Delete TITLE TITLE NAME BUYEA, MICHAEL D NAME 755 S. Main Street 137 COMMERCE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PLACID, FL 33852 Lake Placid, FL 33852 Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZiP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS 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.

Brusea

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863-699-0117