2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

| Principal Place of Business 2117 FOREST CLUB DR ORLANDO, FL 32804 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Ci | pplied For ot Applicable ditional |
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| City & State Country S. Certificate of Status Desired \$8.75 Fee Rec \$8.75 Fee Rec 7. Name and Address of New Registered Agent Name Norrell Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip City FL Zip City FL Zip 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 via the obligations of registered agent. SIGNATURE Signature, hybrid or purisder fame of implicated agent and the if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 Titls PD MORRIS, BERTICA MAME SIRET ADDRESS CITY-ST-2IP ORLANDO, FL 32802 Delete TITLE MAME SIRET ADDRESS CITY-ST-2IP ORLANDO, FL 32802 Delete TITLE MAME SIRET ADDRESS CITY-ST-2IP ORLANDO, FL 32802 Delete TITLE MAME SIRET ADDRESS CITY-ST-2IP ORLANDO, FL 32802 Delete TITLE MAME SIRET ADDRESS CITY-ST-2IP ORLANDO, FL 32802 Delete TITLE MAME SIRET ADDRESS SIRET ADDRESS CITY-ST-2IP ORLANDO, FL 32802 Delete TITLE MAME SIRET ADDRESS SIRET | pplied For ot Applicable ditional |
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| MORRIS, BERTICA 148 E-JEEEERSON ST 2117 Forest Club Dr City City FL Zip 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 obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent agenture required when reinstating) PATE FILE NOWIII: FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 2.117 Forest Club Dr OFFICERS OFFICERS OFFICERS 2.117 Forest Club Dr O | |
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| 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 variety the obligations of registered agent. SIGNATURE Signature, typed or purpod name of registered agent and title if applicable. | |
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| CITY-ST-ZIP CITY-ST-ZIP 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 t | ☐ Addition |