2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 19, 2004 8:00 am Secretary of State DOCUMENT # P0000064366 03-19-2004 90028 024 ***150.00 KORSCH INVESTMENTS/SRQ, INC. Principal Place of Business Mailing Address 4201 JESSIE HARBOR DRIVE 4201 JESSIE HARBOR DRIVE OSPREY FL 34229 OSPREY FL 34229 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1027321 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KORSCH, FRIEDRICH A Street Address (P.O. Box Number is Not Acceptable) 4201 JESSIE HARBOR DRIVE OSPREY FL 34229 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 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition KORSCH, FRIEDRICH A NAME NAME 5/19 JUNGLE PLUM RD STREET ADDRESS 4201 JESSIE HARBOR DRIVE STREET ADDRESS CITY-ST-ZIP OSPREY FL 34229 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME KORSCH, HEIDI NAME 5119 JUNGLE PLUM RD SARASOFA PC. 34242 4201 JESSIE HARBOR DRIVE STREET ADDRESS STREET ADDRESS OSPREY FL 34229 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME KORSCH, MARC MAME 5123 Trimber Chase Way STREET ADDRESS STREET ADDRESS 4201 JESSIE HARBOR DRIVE CITY-ST-ZIP OSPREY FL 34229 CITY-ST-ZIP TITLE ☐ Delete TITLE 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 TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

3-15-04 812-6921