2004 FOR PROFIT CORPORATION

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

	ANNOAL				,	tary or	
1. Entity Nam	MENT # P00000065 D. BOSTRUP, INC.	914				004 905 <mark>6</mark> 8 006	
Principal Place	e of Business	Mailing Address					
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2972 TURTLE DOVE TRAIL 1998 HELMLY TERRACE		E					
DELAND, FL 32724 DELTONA, FL 32725							
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2 Principal P	lace of Business	3. Mailing Address					
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City & State	Α	City & State		4. FEI Number			Applied For
City a otal	•	Deland	FL	59-3660		F	Not Applicable
Zín	Country	Zip.	Country			eo 75	
Zip.		32724		5. Certificate of	f Status Desired	\$8.75	duited -
	6. Name and Address of Current I	_	 			Registered Agent	
	reserve with reserves or wallfulle		Name	r. wanto and i		Juntarou nyoitt	
BOSTRUP	, THOMAS D						
	TLE DOVE TRAIL		Street Addre	ess (P.O. Box Number	is Not Acceptab	le)	
DELAND,							
,	_						
	ζ.		City		•	₽ ■ Zin	Code
			'			FL	
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or reg	istered agent, or both	n, in the State of F	lorida. I am familiar	with, and accept
CICKIATURE							
SIGNATURE.							
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature rec	quired when reinstating)		DATE	
4 *	Signature, typed or printed name of registered agent a		· · · · · · · · · · · · · · · · · · ·	quired when reinstating)		DATE	
FIL After M	Signature, typed or printed name of registered agent at ENOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa	ign Financing	\$5.00 May Be Added to Fees			
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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.

SIGNATURE: V

Monas Signature and Typed or Printed Name of Signing Officer or Director

4/13/04 (386) 846-4898