2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 27, 2004 8:00 am Secretary of State DOCUMENT # P0000066012 01-27-2004 90001 016 ***150.00 WESTMINSTER PARTNERS, INC. Principal Place of Business Mailing Address 677 N. WASHINGTON BLVD 677 N. WASHINGTON BLVD 44004586 SUITE 2 SUITE 2 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-1023320 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT D. ADCOCK ADCOCK, ROBERT D 7016 HOLLY RD MIAMI LAKES FL 33014 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DIRECTOR D Change Change TITLE Delete TITLE ☐ Addition ROBLET D. ADCOCK ADCOCK, ROBERT D NAME NAME STREET ADDRESS 7016 HOLLY ROAD STREET ADDRESS SARMOTA, PC 34236 CITY-ST-ZIP MIAMI LAKES FL 33014 CITY-ST-ZIP DIRECTOR TITLE ☐ Delete 🔀 Change ☐ Addition CARMEN V. ADCOCK ADCOCK, CARMEN V NAME 1674 1TH STRUET STREET ADDRESS 7018 HOLLY-ROAD STREET ADDRESS SARASOTA, R 34236 MIAMILAKES FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME: 1 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

01/21/2004

FILED