2004 FOR PROFIT CORPORATION

| ANNUAL REPORT (AR)  |   |                                      |                 |                     | FILED  |                         |  |
|---|---|--------------------------------------|-----------------|---------------------|--|-------------------------|--|
| DOCUMENT # P0000068570 1. Entity Name   |   |                                      |                 |                     | Feb 04, 2004 08:00 AM<br>Secretary of State                            | [ <del>"</del>          |  |
| CLEARLAKE MOTORS, INC.  |   |                                      | 1               |                     |  |                         |  |
| Principal Place of Business Mailing Address   |   |                                      |                 |                     |  |                         |  |
| 1059 W KING STREET<br>COCOA FL 32922  |   | 1059 W KING STREET<br>COCOA FL 32922 |                 |                     |  |                         |  |
| 2. Principal Place of Business  |   | 3. Mailing Address                   |                 |                     |  |                         |  |
| Suite, Apt. #, etc  |   | Suite, Apt. #, etc.                  |                 |                     | MOORE CR2E034 (11/03)  |                         |  |
| City & State  |   | City & State                         |                 |                     | \$ 60 7660700 F  | ilied For<br>Applicable |  |
| Zıp   | p Country Zip                                     |                                      | Country         |                     | 5. Certificate of Status Desired Security Fee Required                 |                         |  |
| 6. Name and Address of Current Registered Agent   |   |                                      |                 |                     | 7. Name and Address of New Registered Agent                            |                         |  |
| LEE, RODGER H   |   |                                      | <u> </u> _      | Name                |  | <del></del>             |  |
| 105   | 9 W KING STREET<br>COA FL 32922                   |                                      | -               | Street Address (    | ess (P.O. Box Number is Not Acceptable)                                |                         |  |
|   |   |                                      | _               | <del></del>         |  |                         |  |
|   |   |                                      |                 | City                | FL 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   |   |                                      |                 |                     |  |                         |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees                  |   |                                      |                 |                     |  |                         |  |
| 10.   | OFFICERS AND                                      | <u></u>                              | 11.             | <del></del>         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS                            | IN 11                   |  |
| IIRE  | D   | ☐ Delete                             | TRELE           |                     | [[00000035372 □ Change   | Addition                |  |
| NAME<br>STREET ADDRESS  | LEE, RODGER H<br>1059 W KING STREET               |                                      | name<br>Street  | ZZBRDDA             | 02/06/04-800ĭ5-014 150.00  |                         |  |
| CITY-ST-ZIP   | COCOA FL 32922                                    |                                      | C(TY - S1       | ZIP                 |  |                         |  |
| RTLE<br>NAME  | D<br>LEE, BARBARA O                               | ☐ Delete TITL<br>NAM                 |                 |                     | ☐ Change   | Addition                |  |
| STREET ADDRESS<br>CIFY - ST - ZIP   | 59 W KING STREET ST                               |                                      | STREET A        | ADORESS             |  |                         |  |
| TITLE   | 0000A7E32322                                      | ☐ Delete                             | TITLE           | 2"                  | ☐ Change   | Addition                |  |
| NAME<br>STREET ADDRESS  | N   |                                      | NAME<br>etrect  | voudeca             |  |                         |  |
| CITY-ST-ZIP   |   |                                      | CITY-ST         | ADDRESS<br>- ZIP    |  |                         |  |
| TITLE<br>NAME   |   |                                      | TITLE<br>NAME   |                     | ☐ Change   | Addition                |  |
| STREET ADDRESS  |   |                                      | STREET          | ADDRESS             |  |                         |  |
| CITY-ST-ZIP   |   |                                      | CHY-ST<br>TITLE | T-ZIP               | FT Change  | Addition                |  |
| NAME  |   | ☐ Detete                             |                 |                     | ☐ Change   | ET MONROIT              |  |
| STREET ADDRESS<br>CITY+S1-ZIP   |   |                                      | STREET C        | ADDRESS<br>F-ZIP    |  |                         |  |
| TITLE   |   | ☐ Delete                             | TETLE           |                     | ☐ Change   | Addition                |  |
| NAME<br>STREET ADDRESS  |   |                                      | NAME<br>STREET  | ADDRESS             |  |                         |  |
| CITY-ST-ZIP   |   |                                      | CITY-ST         | (-ZIP               |  |                         |  |
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE:

SIGNATURE:

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