2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 12, 2004 8:00 am Secretary of State **DOCUMENT # P00000085819** 02-12-2004 90025 027 ***150.00 HUNTER REAL ESTATE SERVICES OF JACKSONVILLE. Principal Place of Business Mailing Address 3333 SOUTH ORANGE AVE PO BOX 568803 SUITE 229 /02. ORLANDO, FL 32806 ORLANDO, FL 32856 3. Mailing Address 2. Principal Place of Business 3333 South ORAUge Ave Suite, Apt. #, etc. CR2E034 (10/03) 02062004 Chg-P 102 Ste. City & State Applied For 4. FEI Number City & State 59-3746904 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PAWLUS, JAMES M Street Addre 3333 SOUTH ORANGE AVENUE STE. 229" /0"2, ORLANDO, FL 32806 Zip Code 32806 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 (NOTE: Registered Agent signsture required when reinstating) ed or printed name of register \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRESIDENT / BROKER Addition ☐ Change TITLE **™** Delete TITLE David Hunter P.a. Box 562803 PAWLUS, JAMES M NAME NAME PO BOX 568803 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32856-8803 CITY-ST-ZIP ORLANDO, FL 32856 Daland. FI MGR Delete TITI F TITLE TESTER ☐ Change HUNTER, DAVID NAME NAME STREET ADORESS PO BOX 568803 STREET ADDRESS ORLANDO, FL 328568803 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition DICKERSON, TIMOTHY L NAME PO BOX 568803 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 328568803 CITY-ST-ZIP TITLE ☐ Delete TITI F 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 Change Addition TITLE ☐ Detete TITLE 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 plue flike empowered. SIGNATURE:

FILED