"2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 09, 2004 08:00 AM Secretary of State **DOCUMENT # P00000102307** 1. Entity Name THE THEOS CORPORATION Principal Place of Business Mailing Address 8913 CYPRESS PRESERVE FORT MYERS FL 33912 US 7091-8 COLLEGE PKWY FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1068525 Not Applicable Ζip 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 THEOS, JOHN G 8913 CYPRESS PRESERVE PLACE Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33912 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Delete 31715 Addition 1000000043889 NAME THEOS, JOHN G 02/10/04-80082-022 150.00 8913 CYPRESS PRESERVE PLACE STREET ADDRESS STREET ADDRESS CITY -ST-208 FORT MYERS FL 33912 CITY-ST-ZIP **VPS** Change TITLE Delete TIBLE ☐ Addition NAME THEOS, JILL J 184148 8913 CYPRESS PRESERVE PLACE STREET ADDRESS STREET ADORESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-ZIP THILE ☐ Delete BDE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change BILE ☐ Delete TIBE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Delete T373 F BEFF ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP 33787 Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

FILED