2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P01000009510 04-16-2004 90070 009 ***150.00 1. Entity Name E&K, INC. Principal Place of Business Mailing Address 44029042 RT 2, BOX 2090 RT 2, BOX 2090 MAYO, FL 32066 MAYO, FL 32066 2. Principal Place of Business 3. Mailing Address P.O. Box 310 Suite, Apt. #, etc. Suite, Apt. #, etc 04132004 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 59-3700797 Not Applicable Horseshoe Beach FL Zip Country \$8.75 Additional 5. Certificate of Status Desired 32648 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARNHILL, EDWARD J. Street Address (P.O. Box Number is Not Acceptable) RT 2, BOX 2090 . MAYO, FL 32066 City Zip Code FL 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 by princed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW! FRE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D BARNHILL, EDWARD J ☐ Delete Change Addition TITLE TITLE MAME Edward J Barnhill STREET ADDRESS RT 2, BOX:2090: STREET ADDRESS P.O. Box 310 CITY-ST-ZIP MAYO, FL 32066 CITY-ST-ZIP Horseshoe Beach, FL 32648 D TITLE Delete TITLE Addition ☐ Change WEBER, RAYMOND NAME NAME STREET ADDRESS RT 2, BOX 2090 STREET ADDRESS City-ST-ZIP MAYO, FL 32066 CITY-ST-ZIP DS TITLE ☐ Delete TITLE ☐ Change Addition Karen Barnhill NAME HAME STREET ADDRESS STREET ADDRESS _P.O._Box_310 _ CHTY-ST-ZIP CITY-ST-ZIP Horseshoe Beach, FL 32648 TITLE ☐ Deleto TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITUE TIME ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP ☐ Delete TITLE TITLE Change Addition NAME MARKE 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 eath: 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 addres with all other like empowered.

SIGNING OFFICER OR DIRECTOR

FILED

386-294-2173