2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2004 08:00 AM DOCUMENT # P01000015028 **Secretary of State** 1. Entity Name RV SUNSHADE COMPANY INC. Mailing Address Principal Place of Business 4416 SOUTHERN BREEZE DR NAPLES FL 34114 4416 SOUTHERN BREEZE DR NAPLES FL 34114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-1075192 Not Applicable Country \$8.75 Additional Z_{i} Country Zιο 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LIVINGSTON, EDWARD M PA Street Address (P.O. Box Number is Not Acceptable) 963 TRAIL TERR DRIVE NAPLES FL 34103 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 agont 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition BULF Delete TITLE BROWN, LEWIS G MAME NAME 400000025432 42/02/04-80105-015 150.00 4416 SOUTHERN BREEZE DR STREET ADDRESS STREET ADDRESS CITY -ST - ZIP CITY-ST-ZIP NAPLES FL 34114 ☐ Change Addition ☐ Delete TIBLE រាភ F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Channe Channe Addition ☐ Delete BILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TEELE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ☐ Delete TITLE Change Change ■ Addition BUF NAME MARSE STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP C87Y-ST-288

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section J.19.07(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: LEWIS G BROWN Jennis

FILED

1-28-04 941-416-6225