2004 FOR PROFIT CORPORATION ANNUAL REPORT

| FILED |
|----------------------|
| Apr 05, 2004 8:00 am |
| Secretary of State |

| DOCUMENT # P01000049031 1. Entity Name ALL-FLORIDA CAPITAL INVESTMENT CORP. | | | | | 04-05-2004 90001 041 ***150.00 | | | |
|---|--|--|-------------------------------|--|--------------------------------|---|------------------------------|--|
| Principal Place | of Business | | | | JጟUk | | | |
| 4721 S ORAN ORLANDO, FL | IGE AVENUE | Mailing Address 4721 S ORANGE AVENUE ORLANDO, FL 32806 | | 1 (8 E)(E E) 1 II | 2010) BK 2011 0011 0 | | IDIOCI II KODI | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02122004 | Chg-P | CR2E034 (10/03) |) | |
| City & State | | City & State | | 4. FEI Number 59-371 | | | pplied For lot Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | | □ \$8.75 Ac Fee Requir | iditional ed | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| DEDDIE JEEDEN E | | | _ Name | Name | | | | |
| PERDUE, JEFFREY E 4500 SOUTH SHORE DRIVE ORLANDO, FL 32839 | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| ONDANDO, 1 E 32039 | | | | | | | | |
| | | | 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 NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees | | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | . 11. | ADDITIONS | CHANGES TO OF | FFICERS AND DIRECTO | RS IN 11 | |
| TITLE | DPVP | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| NAME | | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | DST DST | Delete | TITLE | · · · · · · · · · · · · · · · · · · · | | ☐ Change | Addition | |
| NAME | PERDUE, KAREN L | Li Delete | NAME | | | □ Olange | Acciton | |
| STREET ADDRESS | 4500 SOUTH SHORE DRIVE | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | ORLANDO, FL 32839 | | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | Change | Addition | |
| NAME STREET ADDRESS | • | | NAME STREET ADDRESS | | | | | |
| CITY:ST-ZIP | ي مين يق ميد ريسيدي ميدسد | and the second section of the section of the second section of the secti | CITY-ST-ZIP 1- | | <u></u> - | | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | Addition | |
| NAME | | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE | | □ Delete | TITLE | | | ☐ Change | Addition | |
| NAME | | | NAME | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | <u> </u> | CITY-ST-ZIP | | | CT or | T Address | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | Change | Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | <u> </u> | | | |
| Las Illiandon | and the first state of the first second terms of the second terms. | 44:- fill 4 4 116. f- | الممقمقم سماعت سيناها | in Continu 440 07/9) | (i) Clavida Ctatuta | لمرابلة المرابلة والكافيات والراباط والمرابلة | information | |

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 expowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #