2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

| 1. Entity Nan | # P01000 ERY, INC. | 062988 | | Mar 10, 2004 08:00 AM Secretary of State | | | | M | | | |
|---|--|--------------------|---------------------|---|--------------------|--|--|--|-------------------|----------------|-------------------------|
| Principal Place of Business Mailing Address | | | | | | <u> </u> | 7 | | | | |
| 10765 1767 | | | PO BOX 39 | | | | | | | | |
| MCALPIN F | L 32065 | | MCALPIN FL 32065 | | | | | | | | |
| | | | | | | | | | EESS EESS EESS 21 | | (E)(EE) (((EE) |
| 2. Principal F | Place of Busin | 3. Ma | 3. Mailing Address | | | 1 | | | | | |
| | | | | | | _] | | | <u> </u> | | |
| Suite, Apt. | . #, etc. | | Suit | Suite, Apt. #, etc. | | | | MOORE | _CR2E03 | 4 (11/03) | |
| City & Stat | te | City | City & State | | | 4. FE | l Number | | 110 | Applied For | |
| | | | | | | | | 59-37259 | 55 | 33- | Not Applicable |
| Zip | Zip Country | | Zip | Zip Cour | | ntry | 5. Certificate of Status Desired \$8.75 Additional | | | | |
| 6. Name and Address of Current | | | Current Register | ed Agent | 1 | 7. Na | me and Address of Ne | v Registered | Fee Requir | ea | |
| | | | | | 2 1.02.1000 0(7.0 | r trograteres | - Agent | | | | |
| MORRISON, FRED | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 12268 117TH DRIVE LIVE OAK FL 32060 | | | | | | Sireer Address (F.O. Bux Number is Not Acceptable) | | | | | |
| LIVE OAK PL 32000 | | | | | | | | | | | |
| | | | | | | City | | | F | Zip Coi | de |
| 8. The above | named entit | v submits this sta | Itement for the num | ose of changing its | s register | ed office or registe | red anec | of both in the State of | | - 1 | and popent |
| 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 reinstiting) DATE | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | | 9. Election Campaigr Trust Fund Contrib | • | \$5.0 Adde | 00 May Be ed to Fees |
| 10. | | OFFICE | ERS AND DIRECTO | RS - | 11. | | ADDI | ITIONS/CHANGES TO | OFFICERS AN | ID DIRECTOR | RS IN 11 |
| TATE | PD | | | Delete | BR | } | | <u> </u> | | ☐ Change | |
| NAME CTOCET ADDRESS | ME MORRISON, FRED J REET ADDRESS 12268 117TH DR. | | | | E | | HOROGORE | | | | |
| CITY-ST-ZIP | 1 | | | S | | TT ADDRESS -ST-ZIP | U00000083946 03/10/04-80059-019 150.00 | | | | |
| TITLE | VD | | | ☐ Delete | TITL | | | 24, 64, 24 | | ☐ Change | |
| NAME | MORRISON | N, SHERRY | | NA Peresse | | 3 | | | | C outuge | rudaaan |
| STREET ADDRESS | 10100 10111 01112 | | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | MC ALPIN FL 32062 | | | | | -S1-ZIP | | | | | |
| TITLE NAME | VSTD MORRISON | i TERRY | | Delete | FITE Person | § | | | | Change | Addition |
| STREET ADDRESS 10138 176 TH STREET | | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | MC ALPIN | FL 32062 | · | | C/TY | -ST-ZIP | | | | | |
| THILE | | | | Delete | 7177. | E | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | | | NAM | E Et adoress | | | | | |
| CITY-ST-ZIP | | | | | E | -ST-20P | | | | | |
| TITLE | | | | ☐ Delete | IGU | E . | | | · | ☐ Change | ☐ Addition |
| NAME | | | | | NAM | E | | | | | |
| STREET ADDRESS | | | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | ļ | 1 | | | | -SI-ZIP | | | | | |
| TITLE NAME | | | | Delete | 187LI NAM | - 1 | | | | ☐ Change | Addition |
| STREET ADDRESS | | | | | - 1 | ET ASDRESS | | | | | |
| CITY-ST-ZIP | <u></u> | | | | | -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