2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 19, 2004 08:00 AM **DOCUMENT # P01000066452 Secretary of State** 1. Entity Name V W SHOP, INC. Principal Place of Business Mailing Address 460 PARQUE DRIVE **460 PARQUE DRIVE** ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 02042004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3730860 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 5. Name and Address of Current Registered Agent GAMBERT, WILLIAM N DO NOT WRITE 629 NORTH PENINSULA AVENUE DAYTONA BEACH, FL 32118 IN THIS SPACE 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. 2-17-4 DATE Signature, typed o printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing U00000058405 02/20/04-80027-022 150.00 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE MAYNARD, HARRY W JR. NAME STREET ADDRESS 460 PARQUE DRIVE CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

2-17-4

786-673-0801