2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 30, 2004 8:00 am Secretary of State DOCUMENT # P01000072942 07-30-2004 90131 001 ***600.00 1. Entity Name C & S ORLANDO, INC. Principal Place of Business Mailing Address RR431106 **6363 COLONIAL DRIVE** 5715 DARROW RD. HUDSON, OH 44236 ORLANDO, FL 32807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 07142004 Chg-P Applied For City & State City & State 4. FEI Number 34-1962758 Not Applicable Zip____ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BMD Florida Services LLC HARPER, LEWIS W Street Address (P.O. Box Number is Not Acceptable) 76 South Laura Street 76 SOUTH LAURA STREET **SUITE 1700** JACKSONVILLE, FL 32202 Súite 1700 City Jacksonville 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 service, LLC GNATURE By: Jun Martin John F. Wartin, Vice Presiden (NOTE: Registered Agent signature required when reinstating) Signature, bloed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΩ ☐ Change ☐ Addition TITLE ☐ Defete TITLE CLARKE, TODD L NAME NAME STREET ADDRESS STREET ADDRESS 4086 FAR-O-WAY LANE CITY-ST-ZIF RICHFIELD, OH 44286 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition SERPENTINI, ROBERT M NAME NAME STREET ADDRESS 1989 FOUR SEASONS DRIVE STREET ADDRESS CITY-ST-ZIP **AKRON, OH 44333** CITY-ST-ZIP .DVPT 💡 ☐ Change TITLE ☐ Delete TITLE ☐ Addition CLARKE, ERIC A NAME NAME STREET ADDRESS 4065 FAR-O-WAY LANE STREET ADDRESS CITY-ST-ZIP RICHFIELD, OH 44286 CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete LUSTIK, GREG NAME NAME 3331 DEAR CREEK TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RICHFIELD, OH 44286 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F DAVIS, MARC NAME NAME STREET ADDRESS 6303 MACLAURIN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33647 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME 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 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

334-342-7531