2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 07, 2004 8:00 am Secretary of State **DOCUMENT # P01000092247** 04-07-2004 90007 006 ***150.00 JACK LATVALA, INC. Principal Place of Business Mailing Address PO BOX 488 109 PHILLIPS WAY **J4U4J/4J** PALM HARBOR, FL 34683 PALM HARBOR, FL 34682 2. Principal Place of Business 8038 Old 3. Mailing Address Suite, Apt. #, etc. 04012004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number Je w Por 59-3743080 Not Applicable 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 Name: LATVALA, WOODROW J Street Address (P.O. Box Number is Not Acceptable). 109 PHILLIPS WAY PALM HARBOR, FL 34683 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition LATVALA, WOODROW J NAME 8038 Old CR 54 109 PHILLIPS WAY STREET ADDRESS STREET ADDRESS PALM HARBOR, FL 34683 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 this tee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rece changed, or on an attachmen SIGNATURE:

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