## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

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## DOCUMENT # P01000095061 FILED ASSOCIATED FINANCIAL SERVICE GROUP, INC. 04 NOV -4 AN 10:51 Principal Place of Business Mailing Address 1591 HAYLEY LANE 1591 HAYLEY LANE SUITE 203 SUITE 203 FORT MYERS, FL 33907 FORT MYERS, FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10292004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1142531 Not Applicable Żip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEETSCREEK, DAVID D Street Address (P.O. Box Number is Not Acceptable) 1591 HAYLEY LANE SUITE 203 FORT MYERS, FL 33907 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VD V/D/T TITLE ☐ Delete TITLE XX Change ■ Addition DEETSCREEK, DAVID D NAME NAME STREET ADDRESS STREET ADDRESS 1591 HAYLEY LANE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33907 P/S/ ☐ Delete TITLE XIX Change ■ Addition TITLE FENG, COLIN NAME NAME 900042473509 1591 HAYLEY LANE STREET ADDRESS STREET ADDRESS 11/04/04--01035--001 \*\*61.25 CITY-ST-ZIP FORT MYERS, FL 33907 CITY-ST-ZIP TITLE X Delete TITLE ☐ Change Addition SPEAR, TIMOTHY P LOIDL, HARALD NAME 1591 HAYLEY LANE, SUITE 203 STREET ADDRESS 1591 HAYLEY LANE STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33907 CITY-ST-ZIP FORT MYERS, FL 33907 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP ☐ Defete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE 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 likes of powered.