FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PP1 969 116185 1. En:ity Name

can Do Corp.



FILED Sep 10, 2004 8:00 am Secretary of State

09-10-2004 90002 021 ***563.75

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|---|--|-------------------------------------|--|--------------------------------|
| DO NOT WRITE | IN THIS SPA | UE . | | |
| 2. Principal Place of Business | 3. Mailing Address | | i i | 54072330 |
| Suite, Apt. H. etc. 1 | Suite, Api. #, etc. | | DO NOT WRITE IN THIS SPACE | |
| City & State | City & State | | 4. FEI Number | - Applied For |
| Jacksonville 12brida | Jacksonville | | 59-375943 | |
| Zip Country | Zip Cc 32257-1482 | ountry . | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 7. Name and Address of Current Registered Agent Name | | | | |
| DO NOT WI | RITE | | P.O. Box Number is Not Acceptable) | |
| IN THIS SP | The state of the s | | (Section 10 to 10 | |
| | | City | | Zip Code |
| The above named entity submits this statement for | the purpose of changing its regis | | ed agent, or both, in the State of Florid | Γ I⊷ } |
| the obligations of registered agent. | | | , J , | ,, |
| SIGNATURE | rd title Tacpitosble (BOTE Regie | sterent Apeni signature reguircii i | sáran (ginstráig) | DATE |
| Uanuary 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 | | | 9. Election Campaign Finan | cing \$5.00 May Be |
| Amended UBR is \$61.25 Make Check Payable to Florida Department of \$1.00 | State . | | Trust Fund Contribution, | Added to Fees |
| 10. OFFICERS AND D | | Nagaraga ang ang | | (A) |
| HAME Gerald Hanson | | IIILE NAME | garan da ang ang ang ang ang ang ang ang ang an | 12/0/1 |
| STREET ADDRESS 4343 Pathwood City ST-ZIP Jackson ville FL | | STREET ADOPTSS (CITY: ST. ZIP) | | CRZE034B (12/02) |
| RILE | | nce - | | RZE0 |
| NAME Street address | | AFME STREET ADDRESS | | U |
| CITY-ST-ZIP TITLE | 200 | ary-si-ze | | |
| NAME | | VANE . | | |
| STREET ANDRESS CITY: ST-ZII | _ | STREEL AMPERS FE | LDO NOT V | VRITE LESSE |
| TITLE NAME | ₩ 200 | HEE. | IN THIS S | PACE |
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| GITY-ST-7F | | CHY:ST-ZiP | | |
| NAME | | ANE) | | |
| STREET ADDRESS City- ST- ZIP | 5/89 | STREET NOORENS CITY-ST-ZIP | | |
| TITLE HAME | E XX | EIT IAME | | |
| STPEET ADDRESS CITYLIST 210 | | STPER I ADDRESS | and the second s | |

12. Thereby certify that the information supplied with this fitting 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 eath; 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 on an attachment with an address, with all other like empowered.

SIGNATURE: