2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2004 08:00 AM Secretary of State **DOCUMENT # P02000012015** 1. Entity Name MELANIE BOCOCK, INC. Principal Place of Business Mailing Address 420 10TH STREET N E 420 10TH STREET N E NAPLES, FL 34120 NAPLES, FL 34120 04052004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2025417 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent BOCOCK, MELANIE DO NOT WRITE 420 10TH STREET N E NAPLES, FL 34120 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. SIGNATURE Signature, typed or aduted name of registered agent and site if applicable DATE (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 U00000111404 Trust Fund Contribution. Added to Fees 04/13/04-80015-022 150.00 OFFICERS AND DIRECTORS 10. TRIF NAME **BOCOCK, MELANIE** STREET ADDRESS 420 10TH STREET N E CITY-ST-ZIP NAPLES, FL 34120 TITLE NAME STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the Information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CRY-ST-ZIP

FILED