2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000021196 03-15-2004 90079 019 ***150.00 COLPOYS REALTY GROUP, INC. Principal Place of Business Mailing Address ZOCOAUPC 155 BIRCHWOOD DR P.O. BOX 430 PALM COAST, FL 32137 HASTINGS, FL 32145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102004 CR2E034 (10/03) City & State Applied For City & State 4. FELNumber 01-0656580 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOWALSKY-COLPOYS, KOREEN Street Address (P.O. Box Number is Not Acceptable) 155 BIRCHWOOD DR. PALM COAST, FL 32137 City 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 Flonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE Change Change Addition COLPOYS, KOREEN KOWALSK KUREEN KOWALSKY-COLPOYS NAME NAME 155 BINCHWOOD Dr. STREET ADDRESS 2 OFFICE PARK DR., STE. A-6 STREÉT ADORESS PALM COAST, FL CITY-SY-7IP CITY-ST-7IP PARM COAST FL. 32/37 TITLE Delete TITLE ☐ Addition (X) Change DOUGLAS J. COLPOYS COLPOYS, DOUGLAS C NAME NAME 2 OFFICE PARK DR., STE. A-6 155 BINCHWOOD Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP PARMEDIST FL. 32137 Delete ☐ Addition TIFLE TITLE ☐ Change KOWALSKY, JOSEPH F NAME NAME 2 OFFICE PARK DR, STE A-6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP TITLE Delete ☐ Chance ☐ Addition TITLE KOWALSKY, DELRAINE L NAME NAME 2 OFFICE PARK DR STE A-6 STREET ADDRESS STREET ADDRESS CPTY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition 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 empo SIGNATURE:

FILED

Mar 15, 2004 8:00 am