2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # P02000026299** 04-28-2004 90285 009 ***150.00 NAPLES DRAFTING AND DESIGN, INC., Principal Place of Business Mailing Address 4380 ENTERPRISE AVE. 4380 ENTERPRISE AVE. NAPLES, FL 34104 NAPLES, FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 02-0565118 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OATES, MARC F 10001 TAMIAMI TRAIL N Street Address (P.O. Box Number is Not Acceptable) **SUITE 119** NAPLES, FL 34108 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 Florida. 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President TITLE ☐ Delete TITLE ☐ Change SORBARA, GEORGE Tarvin, Michael NAME NAME 4380 Entuprise Ave. Naples, FL 34104 STREET ADDRESS 4380 ENTERPRISE AVE. STREET ADDRESS CITY-\$T-ZIP NAPLES, FL 34104 CITY-ST-ZIP TITLE ☐ Delete President TITLE ☐ Change Addition Lord, Robert NAME NAME 4380 Enterprise Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34104 TITI F ☐ Delete TITLE Secretary Change ☐ Addition NAME NAME sorbara, George DVE STREET ADDRESS STREET ADDRESS 4380 Enterprise CITY-ST-ZIP CITY-ST-ZIP Naples, Fl TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

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