2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

of the corporation or the receiver or trustee empowered to en changed, or on an attachment with an address, with all other

SIGNATURE:

Apr 13, 2005 08:00 AM DOCUMENT # P02000031746 Secretary of State 1. Entity Name R. SHANKLIN DIVERSIFIED.INC. Principal Place of Business Mailing Address 2071 N.E. 68TH STREET FT. LAUDERDALE FL 33308 2071 N.E. 68TH STREET FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State City & State 4. FEI Number Applied For 01-0648339 Not Applicab! Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHANKLIN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2071 N.E. 68TH STREET FT. LAUDERDALE FL 33308 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 primted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May ₽ After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change THLE PSD ☐ Delete HILE Addition NAME SHANKLIN, RICHARD MAMAE Unii000303010 04/13/05-80095-008 150.00 2071 N.E. 68TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33308 CITY-ST-ZIP Change TITLE Delete THUE □ Addi© NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CUTY-ST-77P ☐ Delete Addition Change HILLE HHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete THE Change BILE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7P Change Addition TITLE ☐ Delete Hitt NAME NAME STREET ADDRESS STREET ADDRESS CIJY - SJ - 71P CHY-ST-70 Change Addition ☐ Delete TOTAL TIBE MARG MAME STREET ADDRESS STREET ADDRESS CITY-SI-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)(1), 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.

FILED

(954)492-423(