2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000032492 FILED 1. Entity Name CHARLESTON CAY, INC. 04 AUG 30 PM 2: 13 A SECONDITARY OF STAIL TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 615 CRESCENT EXECUTIVE COURT 615 CRESCENT EXECUTIVE COURT **SUITE 120** SUITE 120 LAKE MARY, FL 32746 LAKE MARY, FL 32746 2. Principal Place of Business 3. Mailing Address Suite Apt. #. etc. Suite, Apt. #, etc. 08232004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 01-0652521 Not Applicable Zip Country Country Zip \$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 N. DWAYNE GRAY, JR. Greenspoon Marder et al Street Address (P.O. Box Number is Not Acceptable) 201 East Pine Street, Suite 500 Orlando, Florida 32801 City 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 DTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change · ☐ Addition BORCK, TODD L NAME NAME 615 CRESCENT EXECUTIVE CT STE 120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP VT TITLE ☐ Defete TITLE ☐ Change ☐ Addition WOLF, JONATHAN L NAME NAME **0000410987** 09/15/04--01032--026 STREET ADDRESS 615 CRESCENT EXECUTIVE CT STE 120 STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAW, PATRICK E NAME NAME 615 CRESCENT EXECUTIVE CT STE 120 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 employees 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 an other like empowered. TODDIE BOREN PRES. 8/27/04 SIGNATURÉ:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR