2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # P02000040300 04-18-2005 90297 026 ***150.00 1. Entity Name BACKSEATDRIVER CO. Mailing Address Principal Place of Business 2805 E OAKLAND PK BLVD #298 2805 E OAKLAND PK BLVD #298 FT LAUDERDALE, FL 33306 FT LAUDERDALE, FL 33306 Mailing Address Principal Place of Business street 115B S. HWY 01 <u>S.Federal</u> Suite, Apt. #, etc CR2E034 (10/03) 04062005 Chq-P Applied For City & State 4. FEI Number City & State 14, 11 02-0600667 Not Applicable Pompano Country \$8.75 Additional PA 5. Certificate of Status Desired Fee Required \circ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Brandon CRAIG, BRANDON 2805 E OAKLAND PK BLVD #298 FT LAUDERDALE, FL 33306 City Pompano Beach 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title it applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Delete TITLE TITLE CRAIG, DALE NAME CRAIG, DALE 801 SOUTH FEDERAL HWY #1018 NAME 2805 E OAKLAND PK BLVD #298 STREET ADDRESS STREET ADDRESS Pompanu Beach, FL 33062 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 33306 Change Addition ☐ Delete TITLE CRAIG, BRANDON NAME CRAIG, BRANDON MAME 801 SOUTH FEDERAL HWY #1018 2805 E OAKLAND PK BLVD #298 STREET ADDRESS STREET ADDRESS Pompanu Beach FL FT LAUDERDALE, FL 33306 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Channe ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE 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 attack—and with an address, with all other like empowered.

CRAIG

FILED

954-822-9409