2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE:

Apr 30, 2004 8:00 am ANNUAL REPORT (AR) Secretary of State DOCUMENT # P02000049147 1. Entity Name 04-30-2004 90375 010 ***150.00 SAWDYCO, INC. Principal Place of Business 3468 CORAL SPRINGS DRIVE 3468 CORAL SPRINGS DRIVE CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address 4701 N. FEDERAL HWY. 3468 CORAL SPRINGS DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) SUITE 304 City & State City & State 4. FEI Number Applied For 75-3046358 COEM SPRINGS, FL POMPANO BEACH Not Applicable 33064 Country Zip 33 065 \$8.75 Additional 5. Certificate of Status Desired BEOWNED Beowner 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -SAWDY, MICHAEL SAWDY, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 3468 Coem Speings Deive 21537 WOODSTREAM TERR. **BOCA RATON FL 33428-1170** Coert Speings 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. 04-18-04 MICHAEL W. SAWBY (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change Addition D ☐ Delete TITLE :TITLE SAWDY, MICHAEL W NAME NAME 3468 Coem Speines Deive STREET ADDRESS 21537 WOODSTREAM TERR STREET ADDRESS BOCA RATON FL 33428-1170. CITY-ST-ZIP Coer Speinss, FL 33065 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ 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

FILED

MICHIER W. SAWSY 04-28-04 954-946-9800