2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED **DOCUMENT # P02000085085** 1. Entity Name FOUNDERS CAPITAL CORPORATION 04 APR 22: AH 11: 36 SÈCHETARY OF STATE ALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 500 NORTH WESTSHORE BLVD 500 NORTH WESTSHORE BLVD STE. 920 STE. 920 TAMPA, FL 33609 TAMPA, FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 22-3862372 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CANDITO, MICHAEL P Street Address (P.O. Box Number is Not Acceptable) 500 NORTH WESTSHORE BLVD STE. 920 TAMPA, #L 33609 City Zip Code FL 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 **\$5.00** May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Addition TITLE Delete Change INSUA, ANDY NAME NAME **300033796** 04/26/04--01008--013 500 NORTH WESTSHORE BLVD., SUITE 920 STREET ADDRESS STREET ADDRESS TAMPA, FL 33609 CITY-ST-ZIP CITY-ST-ZIP DTV ☐ Change TITLE ☐ Delete TITLE Addition CANDITO, MICHAEL NAME NAME 500 NORTH WESTSHORE BLVD., SUITE 920 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 CITY-ST-ZIP SECRETARY TITLE Delete TITLE Addition AYMAR ANE Z 500 N. WESTSHORE BUD., Suite 920 NAME: -PARDO, VICTORIA ~ NAME 500 NORTH WESTSHORE BLVD., SUITE 920 STREET ADDRESS STREET ADDRESS TAMPA, FL 33609 TAMPA, FL 33609 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 peport 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 by trustee empowered to exacute 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 attachmer **SIGNATURE:** NAME OF SIGNING OFFICER OR DIRECTOR