2004 FOR PROFIT CORPORATION _ANNUAL-REPORT (AR)

Aug 12, 2004 8:00 am Secretary of State DOCUMENT # P02000087491 1. Entity Name 08-12-2004 90003 014 ***150.00 ED BOOT PROPERTY MANAGEMENT & REPAIR. INC. Mailing Address Principal Place of Business 2360 LONGBOAT DRIVE 2360 LONGBOAT DRIVE 54068037 NAPLES FL 34104 NAPLES FL 34104 2. Principal Place of Business 3. Mailing Address Same sine Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (4/04) MOORE City & State Applied For City & State 4. FEI Number 11-3648775 Not Applicable Zip Country Zip 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 BOOT, EDWARD J Street Address (P.O. Box Number is Not Acceptable) 2360 LONGBOAT DRIVE NAPLES FL 34104 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607,193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS **PVST** ☐ Delete TITLE ☐ Addition TITLE BOOT, EDWARD J NAME 2360 LONGBOAT DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP. ☐ Change ☐ Addition TITLE □ Delete NAME BOOT, EDWARD J NAME STREET ADDRESS 2360 LONGBOAT DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES FL[®] 34104 CITY-ST-7IP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP 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 supplied will this ming over not quality for the exemption stated in section 19.07(50), Florida statutes. Finding the finding 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