FEB-17-2004 TUE 09:43 AM BRIGID D SOLDAVINI,CPA FAX NO. 9

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90020 032 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000100775

1. Entity Name
EUGENE CHARLES MAROTTA, P.A.

94019669

Principal Place of Business	Mailing Address
25051 BANRIDGE COURT #101 BONITA SPRINGS, FL 34134 US	25051 BANRIDGE COURT #101 BONITA SPRINGS, FL 34134 US
2. Principal Place of Business: 20125 Buttermere CT	3. Mailing Address: 20125 Buttermere CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Estero, FL	City & State: Estero, FL
Zip: 33928 Country: Lee	Zip: 33928 Country: Lee

02162004 Chg-P CR2E034 (10/03)

4. FEI Number: 05-0531479 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAROTTA, EUGENE C
25051 BNDRIGE COURT
#101
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable): 20125 Buttermere CT
City: Estero, FL Zip Code: 33928

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: X Eugene Charles Marotta P.A. (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: 2/17/04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARROTTA, EUGENE C 25051 BANRIDGE COURT #101 BONITA SPRINGS, FL 34134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same Same 20125 Buttermere ct Estero, FL 33928	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: X Eugene Charles Marotta P.A. (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date: 2/17/04 Daytime Phone #

239-498-1095