2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 15, 2004 8:00 am Secretary of State **DOCUMENT # P02000111974** 04-15-2004 90037 026 ***150.00 JERRY'S BOCA GRANDE CARTS, INC. Mailing Address Principal Place of Business 13502 WAINWRIGHT DR 13502 WAINWRIGHT DR PORT, CHARLOTTE FL 33953 PORT CHARLOTTE FL 33953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 81-0575184 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAUM, GERALD Street Address (P.O. Box Number is Not Acceptable) 13502 WAINWRIGHT DR PORT CHARLOTTE FL 33953 City 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) DATE Signature, typed or printed name of registered agent and title if applicable. 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 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE DP ☐ Delete TITLE BAUM, GERALD NAME NAME STREET ADDRESS STREET ADDRESS 13502 WAINWRIGHT DR PORT CHARLOTTE FL 33953 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ---Change ■ Addition TITLE MAME STREET ADDRESS STREET ADDRESS 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Chance Addition TITLE TITLE NAME NAME

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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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE: SIGNATURE AND FRED OA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIREC