2004 FOR PROFIT CORPORATION

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

FILED **ANNUAL REPORT** Jan 15, 2004 8:00 am Secretary of State DOCUMENT # P02000122406 LANÓ & GAVEL, INC. 01-15-2004 90011 024 ***150.00 Principal Place of Business Mailing Address 2410 AHSLAND DRIVE 2410 AHSLAND DRIVE PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business 3. Mailing Address 2410 ASHLAND DRIVE 2410 ASHLAND DRIVE 01062004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 51-0436740 Not Applicable \$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 BELCHER, SAM. Street Address (P.O. Box Number is Not Acceptable) 2410 ASHLAND DRIV 2410 AHSEAND DRIVE PANAMA CITY, FL 32405 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ■ Addition BELCHER, SAMUEL D NAME NAME STREET ADDRESS 2410 AHSLAND DRIVE 2410 ASHLAND DRIVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32405 PANAMA CITY FL 32405 City-St-ZiP TITLE ☐ Delete TITLE Addition NAME BELCHER, CAROL W NAME STREET ADDRESS 2410 AHSLAND DRIVE STREET ADDRESS 2410 ASHLAND DRIVE CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-ZIP TITLE Delete TITI F ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete TITLE ☐ Change Addition 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 eath; 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