2004 FOR PROFIT CORPORATION __ANNUAL REPORT (AR)

SIGNATURE:

Feb 09, 2004 08:00 AM DOCUMENT # P02000126406 Secretary of State 1. Entity Name SBL PROPERTIES, INC. Principal Place of Business Mailing Address P O BOX 270158 TAMPA FL 33688 P O BOX 270158 TAMPA FL 33688 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 04-3724389 Not Applicable Zip Ζφ Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VERNAL, RICHARD JR Street Address (P.O. Box Number is Not Acceptable) 2902 BUSCH LAKE BLVD, STE 2 **TAMPA FL 33614** 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. SIGNATURE Signature typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstitting) 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TEELE PD Delete TITLE ☐ Change Addition U000000744561 U2/11/04-80025-012 150.00 OSKERSSON, LEIF MAASE MARKE STREET ADDRESS 2902 BUSCH LAKE BLVD., #2 STREET ADDRESS CHTY - ST - ZIP TAMPA FL 33614 CATY-ST-ZIP VPD TITLE Delete THLE Change Addition NAME VERNAL, RICHARD JR. MAAR 2902 BUSCH LAKE BLVD., #2 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP TAMPA FL 33614 CITY - ST - ZIP ☐ Delete BILE TITLE Change Addition NAME THOMAS, JASON C MAME STREET ADDRESS 2902 BUSCH LAKE BLVD., #2 STREET ADDRESS CITY-ST-789 CITY-ST-ZIP **TAMPA FL 33614** ☐ Delete TIRE TITLE Chance. Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP TITLE ☐ Delete HILE ☐ Chance 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 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 attactment with an address, with all other like empowered.

G OFFICER OR DIRECTOR

FILED

813-936-7091

Daytime Phone #