ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

DOCUMENT # P02000135072 Jan 23, 2004 8:00 am Secretary of State **BREEHNE - CREECH CORPORATION** 01-23-2004 90025 016 ***150.00 Principal Place of Business Mailing Address 883 VANDERBILT BEACH ROAD 883 VANDERBILT BEACH ROAD NAPLES, FL 34108 NAPLES, FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 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 STEWART, JAMES CUR Street Address (P.O. Box Number is Not Acceptable) SUITE 700 9180 GALLERIA COURT NAPLES, FL 34108 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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE □ Change Addition BREEHNE, PAUL M SR. NAME NAME STREET ADDRESS 883 VANDERBILT BEACH ROAD STREET ADDRESS NAPLES, FL 34108 CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE □ Change Addition BREEHNE, PAUL M JR NAME NAME 3071 50 LANE SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34116 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME والمراويق حباريها والبراسيان STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 TITLE Delete TITLE ☐ Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS 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

FILED