2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2004 8:00 am Secretary of State **DOCUMENT # P03000000266** 03-22-2004 90085 028 ***150.00 CAPITAL & ESTATE MANAGEMENT, INC. Principal Place of Business Mailing Address 5305 E. FLETCHER AVE. TAMPA FL 336-17 5305 E. FLETCHER AVE. TAMPA FL 336-17 14000073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number Not Applicable Zip Zip \$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 UMBER, JOHN C Street Address (P.O. Box Number is Not Acceptable) 5305 E. FLETCHER AVE. **TAMPA FL 33617** 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 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 PRESIDENT=P ☐ Delete Addition TITLE TITLE Change JOHN C. UMBER NAME NAME 5305 E.FLETCHER AVE, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TAMPA, FL 33617 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME

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 was an address, with all other like empowered.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-7P

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04 (813)989-2

FILED