2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P03000021688 1. Entity Name 04-28-2004 90625 001 *****8.75 RASZL INC. 04-28-2004 90625 002 ***150.00 Principal Place of Business Mailing Address 180 PONCE DE LEON DRIVE ORMOND BEACH FL 32176 US 180 PONCE DE LEON DRIVE ORMOND BEACH FL 32176 US 66416523 3. Mailing Address MOORE CR2E034 (11/03) Applied For 4. FEI Number City & State 02-0680365 Not Applicable 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 smood K RASZL, RAYMOND R Taber is Nei Acceptable) 180 PONCE DE LEON DRIVE ORMOND BEACH FL 32176 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 TA FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition Raszl, Raymond R. 15 Ripping Place Palm Coast, PL RASZL, RAYMOND R NAME STREET ADDRESS 180 PONCE DE LEON DRIVE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL: 32176 CITY-ST-ZIP TITLE ☐ Delete Change Addition Raszl, William R. NAME NAME STREET ADDRESS STREET ADDRESS 4 White Over Lane CITY-ST-ZIP CITY-ST-ZIP Palm Coast FL 3216 TITLE ☐ Change Addition TITLE ☐ Delete Fulling, KevinW. 21 Sea Board Court NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Palm Coast FL 3216 TITI F ☐ Change TITLE ☐ Delete ☐ Addition 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 TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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.

Raymond
NG OFFICEBOR DIRECTOR

SIGNATURE:

FILED