2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

AND TYPED OR PRINTED

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P03000023060 1. Entity Name 04-29-2004 90230 042 ***150.00 DUTCH FLOOR MASTERS INC. Principal Place of Business Mailing Address 8631 HUNTERS CREEK DR SOUTH JACKSONVILLE FL 32256 8631 HUNTERS CREEK DR SOUTH JACKSONVILLE FL 32256 Principal Place of Business 4603 BACW 3. Mailing Address BLUD 14603 BBACH Suite, Apt. #, etc. Suite Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For ACCIONVILLE FL Aduranvilue FL 412-157 Not Applicable Zo 2250 \$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 SCHNEIDER, EDWARD S 8631 HUNTERS CREEK DR SOUTH JACKSONVILLE, FL FL 32256 ACKSONIVILLE 8. The above name 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. ATTEEL SIGNATURE agent and title if applicable 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 Delete TITLE TITLE ☐ Change ☐ Addition SCHNEIDER, EDWARD S NAME NAME 8631 HUNTERS CREEK DR SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-70 TITLE PRESIDENT ☐ Delete TITLE Change Addition NAME DIRK C. PLATTEEL STREET ADDRESS STREET ADDRESS BUD BOX 24 14603 BENEW CITY-ST-ZIP CITY-ST-ZIP DAZLISON VILLES FL 32250 TITLE Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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 oalt; that I am an officer or director of the corporation or the redeiver 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.

FILED