## 2004 FOR PROFIT CORPORATION

## Mar 17, 2004 8:00 am **Secretary of State** ANNUAL REPORT DOCUMENT # P03000028533 03-17-2004 90022 002 \*\*\*150.00 1. Entity Name MARK W. RICE, INC. Principal Place of Business Mailing Address 24023949 2350 DOYLE ROAD 2350 DOYLE ROAD DELTONA, FL 32738 DELTONA, FL 32738 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182004 CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 06-1681406 Not Applicable Zip Country Zip 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 RICE, MARK W JR. 2350 DOYLE ROAD Street Address (P.O. Box Number is Not Acceptable) DELTONA, FL 32738 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D/P/S/1 TITLE ☐ Delete TITLE Change ☐ Addition Rice, Mark W. Jr. 0350 Doyle Rd NAME RICE, MARK W JR. NAME 2350 DOYLE ROAD STREET ADDRESS STREET ADDRESS DELTONA, FL 32738 CITY-ST-ZIP 32738 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition Rice, Mark W. 2350 Doyle Rd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL Deltona TITLE ☐ Delete TITLE NAME NAME 23'50 Doyle Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deltona FL TITLE ☐ Delete TITLE ☐ 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 ☐ Delete TITLE 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 filling 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

with all other like empower

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