2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P03000030493 1. Entity Name 04-28-2004 90251 035 ***150.00 BEDFORD & TREMBLAY PROPERTY INVESTMENTS, INC. Principal Place of Business Mailing Address 12132 DEEP CREEK ROAD. 12132 DEEP CREEK ROAD SPRING HILL FL 34609 SPRING HILL FL 34609 3. Mailing Address 11186 SPRING HILL 2. Principal Place of Business ALLEGRO A∪£ 2472 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE 102 SUITE City & State & State 4. FEI Number Applied For FLORIDA SPRING HILL. SPRING Not Applicable 34609 Country USA Country \$8.75 Additional 34609 5. Certificate of Status Desired U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LA BELLE, RICHARD ESQ. Street Address (P.O. Box Number is Not Acceptable) 3446 LAKE DRIVE **DUNEDIN FL 34698** 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE Change ☐ Addition BEDFORD ROBERT 2472 ALLEGRO AVE BEDFORD BEDFORD, ROBERT NAME NAME STREET ADDRESS 12132 DEEP CREEK ROAD STREET ADDRESS 34609 SPRING HILL, FL SPRING HILL FL 34609 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change CENDRINE TREMBLAY, NAME NAME 6042 PARNELL AVE STREET ADDRESS STREET ADDRESS 34608 SPRING HILL, FL CITY-ST-ZIP CiTY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ 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 TITLE ☐ Delete 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 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 ather like empowered.

FILED

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