2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004
Secretary of State

DOCUMENT# P03000032316

Entity Name: SANIBEL INCORPORATED

Current Principal Place of Business:

16225 SW 26TH ST.
MIRIMAR, FL 33027

New Principal Place of Business:

8919 LEGACY CT.
104
KISSIMMEE, FL 34747

Current Mailing Address:

16225 SW 26TH ST.
MIRIMAR, FL 33027

New Mailing Address:

8919 LEGACY CT.
104
KISSIMMEE, FL 34747

FEI Number: 57-1158711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADORNO, CLAUDIA
16225 SW 26TH ST.
MIRIMAR, FL 33027

Name and Address of New Registered Agent:

ADORNO, CLAUDIA
8919 LEGACY CT.
104
KISSIMMEE, FL 34747

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.

SIGNATURE: 06/30/2004
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ADORNO, CLAUDIA
Address: 16225 SW 26TH ST.
City-St-Zip: MIRIMAR, FL 33027

Title: V ( ) Delete
Name: ADORNO, CARLOS
Address: 16225 SW 26TH ST.
City-St-Zip: MIRIMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ADORNO, CLAUDIA
Address: 8919 LEGACY CT.104
City-St-Zip: KISSIMMEE, FL 34747

Title: V (X) Change ( ) Addition
Name: ADORNO, CARLOS
Address: 8919 LEGACY CT.104
City-St-Zip: KISSIMMEE, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA ADORNO P 06/30/2004
Electronic Signature of Signing Officer or Director — Date