2005 FOR PROFIT CORPORATION ANNUAL REPORT

nt with an address, with all other like empowered.

D NAME OF SIGNING OFFICER OF DIRECTOR

changed, or on an attack

SIGNATURE:

May 17, 2005 8:00 am Secretary of State DOCUMENT # P03000037933 05-17-2005 90016 017 ***150.00 1. Entity Name DAVID HIRT CONSULTING, INC. Principal Place of Business Mailing Address 2987 GARDENS BLVD. 2987 GARDENS BLVD. NAPLES, FL 34105 NAPLES, FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 05112005 Chg-P Applied For City & State City & State 4 FFI Number 56-2341598 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HIRT, DAVID J Street Address (P.O. Box Number is Not Acceptable) 2987 GARDENS BLVD. NAPLES, FL 34105 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. | am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D/P/T/S ☐ Delete ☐ Addition TITLE Change TITLE NAME HINT, DAVID J NAME David J. Hirt STREET ADDRESS 2987 GARDENS BLVD. STREET ADDRESS 2987 Gardens Blvd. CITY-ST-ZIP NAPLES, FL 34105 CHY-ST-ZIP Naples, FL 34105 ☐ Delete TITLE Change ☐ Addition TITLE HINT, MEHRY LYNN NAME NAME Merry Lynn Hirt STREET ADDRESS 2987 GARDENS BLVD. STREET ADDRESS 2987 Gardens Blvd. NAPLES, FL 34105 CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34105 Change ☐ Addition TITLE ☐ Delete TATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete BILE TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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

David J. Hirt, President

5/12/05

(239) 643-6697

FILED