2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jul 06, 2004 8:00 am **Secretary of State DOCUMENT # P03000042218** 1. Entity Name 07-06-2004 90114 022 ***150.00 TOUCAN SALES, INC. Principal Place of Business Mailing Address 4030 LAKE FOREST 4030 LAKE FOREST MT. DORA, FL 32757 MT. DORA, FL 32757 2. Principal Place of Business 3. Mailing Address 4030 LAKE 4030 LAKE FOREST FOREST Suite, Apt. #, etc. Suite, Apt. #, etc. 07012004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For DORA MT. DORA MT. 55 - 0827452 Not Applicable 3·2.75 Country Country \$8.75 Additional 5. Certificate of Status Desired LAKE LAKE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DALLINGATHOMAS'L Street Address (P.O. Box Number is Not Acceptable) 4030 LAKE FOREST MT. DORA, FL 32757 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 3.5 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 П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 3. 74.75 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. नास≖ PRES TITLE Delete Change ☐ Addition NAME THOMAS L. DALLINGA NAME STREET ADDRESS. 4030 LAKE FOREST STREET ADDRESS CITY-ST-ZIP MT. DORA EL, CITY ST. 79 TITLE Defete TITLE Change Addition MAME 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 Change Addition NAME 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-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 changed, or on an attachment with an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OF DIRECTOR

7-1-04

407-466-3018

FILED

To skhom it may concur ; 44047029
To skrom it may concur : 44047029 # 10 3000 422 18
: Please be advised that I have
not received a request for an annual
not received a request for an annual report prior to this.
your affice told me to just
send the \$150.00 fee with the form
Send the \$150.00 fee with this note.
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Regards
TOUCAN SALES, INC.
TOUCAN SALES, INC:
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