2004 FOR PROFIT CORPORATION

SIGNATURE:

Mar 05, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000044448 03-05-2004 90003 015 ***150.00 1. Entity Name **RUSSELL & SONS INCORPORATED** Principal Place of Business Mailing Address 9819 CARDY STREET 9819 CARDY STREET **NEW PORT RICHEY, FL 34654 NEW PORT RICHEY, FL 34654** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 03-0516578 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSSELL, RICHARD Street Address (P.O. Box Number is Not Acceptable) 9819 CARDY STREET NEW PORT RICHEY, FL 34654 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 regis KUSSRU SIGNATURE -9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change RUSSELL, RICHARD NAME NAME STREET ADDRESS 9819 CARDY STREET STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34654 CITY-ST-ZIP 7III F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS C!TY = ST = ZIP " CITY-ST-ZIP TITLE ☐ Defete TIBLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-72P CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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 other like empowered.

FILED

Daytime Phone #