2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachmer

SIGNATURE:

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # P03000066855 1. Entity Name 04-19-2004 90718 016 ***150.00 TERI DAVIS.INC. Principal Place of Business Mailing Address 5937 SET N SUN PLACE 5937 SET N SUN PLACE 94056885 JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Busines 3. Mailing Address 825 Cente 820 Center Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State ar vitos Not Applicable \$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 DAVIS, TERI Street Address (P.O. Box Number is Not Acceptable 82) Center 51 Cet 5937 SET N SUN PLACE JUPITER FL 33458 8. The above named entity submite 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 (NOTE: Registered Agent signature required when reinstating) agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES TITLE ☐ Delete TITLE Change Addition DAVIS, TERI NAME NAME STREET ADDRESS STREET ADDRESS 5937 SET N SUN PLACE CITY-ST-ZIF JUPITER FL 33458 CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 ☐ Change ■ Addition ☐ Delete 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

OFFICER OR DIRECTOR

FILED