2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # P03000075017** 1. Entity Name 04-12-2004 90296 012 ***150.00 LAWRENCE BITTNER INC. Principal Place of Business Mailing Address **3501 11TH AVE WEST** 3501 11TH AVE WEST BRADENTON, FL 34205 BRADENTON, FL 34205 US 3. Mailing Address 3501 - 113 Are W 2. Principal Place of Business 3501-1115 A or W Suite, Apt. #, etc. Suite, Apt. #, etc. 02042004 CR2E034 (10/03) Chg-P City & State Bra de Non 4. FEI Number Applied For City & State Brodenten 83-6364328 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 34205 monatee Maratee 7. Name and Address of New Registered Agent. 6... Name and Address of Current Registered Agent. Bittaer BITTNER, LAWRENCE E Street Address (P.O. Box Number is Not Acceptable) **3501 11TH AVE WEST** BRADENTON, FL. 34205 39205 Bradenton City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 6 April 04 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BITTNER, LAWRENCE E NAME NAME STREET ADDRESS 3501 11TH AVE. WEST STREET ADDRESS BRADENTON, FL 34205 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI E ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 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.

FILED

941 -246 -88 98 Bittmen SIGNATURE: