2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2004 8:00 am
Secretary of State
04-19-2004 90405 043 ***150.00

DOCUMENT # P03000076276

1. Entity Name
O'BOYS SOUTH, INC.

66424364

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
425 WEST COLONIAL DRIVE SUITE 104 ORLANDO FL 32804	425 WEST COLONIAL DRIVE SUITE 104 ORLANDO FL 32804

2. Principal Place of Business	3. Mailing Address
924 W. Colonial Dr	924 W. Colonial Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL	City & State: ORLANDO, FL
Zip: 32804 Country: USA	Zip: 32804 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIETRICH, D. PAUL II
37 NORTH ORANGE AVENUE SUITE 200
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: CHRISTOPHER GRANVILLE
Street Address (P.O. Box Number is Not Acceptable): 924 W. COLONIAL DRIVE
City: ORLANDO FL Zip Code: 32804

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] DATE: 5-24-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CHRISTOPHER GRANVILLE 39 OAKLEIGH DR. MAITLAND FL 32751	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT THOMAS R GRANVILLE 1307 CHAPMAN CIRCLE WINTER PARK, FL 32789	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE: [signature] 4-14-04 407 839-1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #