2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# P03000077870

Entity Name: S.L. COLBY, INC.

Current Principal Place of Business:

4283 HEATH ROAD
JACKSONVILLE, FL

New Principal Place of Business:

4283 HEATH ROAD
JACKSONVILLE, FL 32277 US

Current Mailing Address:

4283 HEATH ROAD
JACKSONVILLE, FL

New Mailing Address:

4283 HEATH ROAD
JACKSONVILLE, FL 32277 US

FEI Number: 20-0100412 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLBY, SARA L
4283 HEATH ROAD
JACKSONVILLE, FL

Name and Address of New Registered Agent:

COLBY, SARA L
4283 HEATH ROAD
JACKSONVILLE, FL 32277 US

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.

SIGNATURE: 04/19/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete
Name: COLBY, SARA L
Address: 4283 HEATH ROAD
City-St-Zip: JACKSONVILLE, FL

Title: V ( ) Delete
Name: MCMAKIN, DWIGHT M
Address: 4283 HEATH ROAD
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: COLBY, SARA L
Address: 4283 HEATH ROAD
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: V (X) Change ( ) Addition
Name: MCMAKIN, DWIGHT M
Address: 4283 HEATH ROAD
City-St-Zip: JACKSONVILLE, FL 32277 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA LOUISE COLBY PTSD 04/19/2004
Electronic Signature of Signing Officer or Director — Date