2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2004 8:00 am Secretary of State DOCUMENT # P03000080004 1. Entity Name 02-12-2004 90023 037 ***150.00 CANAAN MANAGEMENT INC Principal Place of Business Mailing Address 18 INTRACOASTAL WAY LAKE WORTH FL 33460 18 INTRACOASTAL WAY ~ 1 0 0 0 1 T 7 LAKE WORTH FL 33460 MOORE CR2E034 (11/03) Applied For 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 Name DICRESCENZO, ANGELA D Street Address (P.O. Box Number is Not Acceptable) 3170 N FEDERÁL HIGHWAY 103-C LIGHTHOUSE POINT FL 33064 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 registered agent. SIGNATURE DATE 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 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **C**hange Addition A TITLE ☐ Delete CHALKER, FREDERICK E JR NAME NAME STREET ADDRESS 13Y TURNBERRY DRIVE STREET ADDRESS CITY-ST-ZIP ATLANTIS FL 33462 CITY-ST-ZIP Change Addition VΡ TITLE Delete TITLE NAME PACE, JONATHAN C NAME STREET ADDRESS 18 INTRACOASTAL WAY STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ZIP Addition A TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ 'Addition ☐ Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TETLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP 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: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED