2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2004 8:00 am Secretary of State **DOCUMENT # P03000085722** 04-28-2004 90285 001 ***150 00 D & S WALKER SERVICES, INC. Principal Place of Business Mailing Address 3404 31ST STREET EAST 3404 31ST STREET EAST US BRADENTON, FL 34208 US BRADENTON, FL 34208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03102004 Chg-P City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALKER, DAVID F Street Address (P.O. Box Number is Not Acceptable) 3404 31ST STREET EAST BRADENTON, FL 34208 City Zip Code 8. The above named tity 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 DATE (NOTE: Registered Agent signature required when reinstating) . Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees. - After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition WALKER, DAVID F NAME NAME STREET ADDRESS STREET ADDRESS 3404 31ST STREET EAST BRADENTON, FL 34208 CITY ST-7IP CITY-ST-7fP TITLE : VΡ TITLE ☐ Change ☐ Addition ☐ Delete WALKER, SARA L NAME NAME STREET ADDRESS 3404 31ST STREET EAST STREET ADDRESS CITY-ST-7IP BRADENTON, FL 34208 CITY-ST-7IP TITLE Delete TITLE Change Addition NAME WALKER, SARA L NAME 3404 31ST STREET EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34208 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition WALKER, SARA L NAME STREET ADDRESS 3404 31ST STREET EAST STREET ADDRESS BRADENTON, FL 34208 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE. , 🔲 Delete 25 0 17 50 C 00 2015" NAME NAME STREET ADDRESS STREET ADDRESS 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), Flo.ida 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 addless, with all other like empowered.

G OFFICER OR DIRECTOR

SIGNATURE: SIGNATURE AND TYPED OR 941-248-03/8

FILED