2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P03000091984 04-29-2004 90255 041 ***150.00 1. Entity Name SUGDEN INVESTMENTS, INC. 74716000 Principal Place of Business Mailing Address 5811 PELICAN BAY BLVD. 5811 PELICAN BAY BLVD. SUITE 600 SUITE 600 NAPLES, FL 34108 NAPLES, FL 34108 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01202004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0069278 Not Applicable 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 Name FOWLER WHITE BOGGS BANKER, P.A. Street Address (P.O. Box Number is Not Acceptable) 5811 PELICAN BAY BLVD. SUITE 600 NAPLES, FL 34108 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. (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Director ☐ Change 🔀 Addition ☐ Delete TITLE TITLE **PVST** Margaret S. Sugden Margaret S. Sugden 5811 Pelican Bay Blvd., NAME NAME 5811 Pelican Bay Blud, Ste 600 STREET ADDRESS STREET ADDRESS Ste 600 Naples, Florida CITY-ST-ZIP 34108 CITY-ST-ZIP Napies, FL 34108 ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ____ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition MILLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. Margaret SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # Date

FILED

Margaret S. Sugden