. 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 15, 2004 8:00 am Secretary of State **DOCUMENT # P03000095234** 03-03-2004 90070 001 ***300.00 1. Entity Name ERB ESQUIRE, PA Principal Place of Business Malling Address 66406094 2663 AIRPORT ROAD SOUTH 2663 AIRPORT ROAD SOUTH D-110 D-110 NAPLES, FL 34112 NAPLES, FL 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 CR2E034 (10/03) City & State City & State 4. FELNumber Applied For Not Applicable Country Zlo Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRYANT, EDWARD R JR Street Address (P.O. Box Number is Not Acceptable) 2663 AIRPORT RD SOUTH D-110 NAPLES, FL 34112 City 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 Squetter, typed or printed name of registered agent and one if applicable. DATE OVCITE: Recistered Agent signature required when religibiliting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Ocieta TITLE ☐ Change Addition BRYANT, EDWARD R JR NAME MALE STREET ADDRESS 2663 AIRPORT RD SOUTH SUITE D-110 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZP TITLE Change ☐ Defete ☐ Addition TITLE MALE NAME STREET ADDRESS STREET ADDRESS CHTY-53-7/P CITY-ST-ZP Delete ☐ Change Addition TITLE TILE NAME MALAF STREET ADDRESS STREET ADDRESS CITY-57-ZIP CITY-ST-ZP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE ππLE MILE MAJAF STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP ☐ Change Addition ☐ Detete TITLE NAME NUME STREET ADDRESS STREET ADDRESS CITY_ST_2P 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(3Xi), 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 eath; that I am an officer or director of the corporation or the receiver of trusted 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 poper like empowered.

O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #