2004 FOR PROFIT CORPORATION - ANNUAL REPORT-

Mar 10, 2004 8:00 am Secretary of State DOCUMENT # P03000107021 03-10-2004 90012 005 ***150 00 KARL ROBERT, INC. Principal Place of Business Mailing Address **6 GARNIERS POST ROAD 6 GARNIERS POST ROAD** FORT WALTON BEACH, FL 32547 FORT WALTON BEACH, FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02192004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$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 SIECK, THOMAS D Street Address (P.O. Box Number is Not Acceptable) 6 GARNIERS POST ROAD FORT WALTON BEACH, FL 32547 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE Change TITLE Addition NAME SIECK, THOMAS D NAME STREET ADDRESS STREET ADDRESS 6 GARNIERS POST ROAD FORT WALTON BEACH, FL 32547 CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Control Secretary States & House ☐ Change ☐ Addition TITLE ☐ Delete TITLE المن الري الرياس المراكز الما NAME NAME BEAR SHOWER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME COUNTY OF A CARGO SETS MADE AND CONTROL OF STREET ADDRESS TO SETAND SETS TO SETAND SETS OF SETANDONES. NAME STREET ADDRESS 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.

FILED

SIGNATURE: March 5, 2004