2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 23, 2004 8:00 am Secretary of State

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|--|---|----------------------------|---|-----------------------------|---------------------------------------|--------------------------------|-------------------------|-------------|---------------|--------------|
| DOCUMENT # P03000119973 1. Entity Name SUNNY RIDGE BUILDERS, INC. | | | | | | | 08-23-2004 | _ | | |
| Principal Plac | o of Business | M | ailing Address | | - | | | | | |
| | | | | | | | | | | |
| 1619 PASADENA AVE | | | | | | | | | | |
| SEBRING, FL | 33870 | S | EBRING, FL 33870 | | | | ` | | | |
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| | | | | | | | | | | |
| Principal Place of Business 3. Mailing Address | | | | | | | | | | |
| abore | | | abort | | | | | , | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 07122004 | Chg-P | CR2E03 | 34 (10/03) | |
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| City & Stat | е | | City & State | | | 4. FEI Numb | | ٠ | Apı | plied For |
| 1 | | | | | | 20-0 | 376887 | | Not | t Applicable |
| Zip | Country | | Zip | Coun | itry | | | | 8.75 Addi | itional |
| • | 11 | | | | | 5. Certificate | of Status Desired | | ee Required | |
| | 6. Name and Address | of Current Regis | tered Agent | _ 57 | | . 7. Name and | Address of New R | egistered A | gent | |
| | | | | | Name | | | | . , | |
| LIVINGSTON, ROBERT E | | | | | | • | | | | |
| 445 S COMMERCE AVE | | | | Street Addres | ss (P.O. Box Numb | er is Not Acceptable | •) | | | |
| | FL 33870 | | | | | | | | | • |
| | | | | | | | | | | |
| | | | | | City | | | | Zip Code | ş. |
| | | | | | ' | | | FL | · | |
| 8. The above | named entity submits this | statement for the p | ourpose of changing its | register | ed office or regi | stered agent, or bo | th, in the State of Flo | rida. Lam f | amiliar with, | and accept |
| | ions of registered agent. | | | | | | • | | | |
| | ì | | | | | | | | | |
| SIGNATURE_ | D | | d contenting at IOT | E: Manuelaro | ed Accept computers road | (uired when reinstating) | | DATE | | |
| | Signature, typed or printed name of | registered agent and title | и аррасаме. (пол | c. registere | o Agent signature req | falled wifer (Bustakud) | | DATE | | |
| | | | O Floation Compo | ian Einar | omima d | PE 00 | | | | |
| | LE NOW!!! FEE IS \$ | | 9. Election Campa Trust Fund Cont | | | \$5.00 May Be Added to Fees | | | | İ |
| D | ue by September 8, | 2004 | Trust rung Obin | i ibdiloit. | | AGGEG 10 1 CES | | | | |
| 10. | 10. OFFICERS AND DIRECTORS | | | 11. | | ADDITIONS | /CHANGES TO OFF | CERS AND | DIRECTORS | 3 IN 11 |
| TATLE | D | | ☐ Delete | TITU | | | | | ☐ Change | Addition |
| NAME | BELCHER, BRYAN S | | □ Delete | NAM | | | | | onlingo | |
| | | | | ET ADDRESS | | | | | | |
| STREET ADDRESS | | | | -ST-ZIP | | | | | | |
| CITY-ST-ZIP | SEBRING, FL 33870 | | _ · | - | | | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | | Change | Addition |
| NAME | | | | NAM | | | | | | |
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| NAME | 1 | | | NAM | iE | | | | | |
| STREET ADDRESS | ". | | | STRE | EET ADDRESS | _ | | | | |
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| TITLE | | | i Detete | NAM | | | | | onlingo | |
| NAME STREET ADDRESS | | | | | EET ADDRESS | | | | | |
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| NAME | | | □ Delete | | | | | | | Addition |
| i | | | □ Dereie | MAM | 1E | | | | | Abditori |
| STREET ADDRESS | | | □ Derete | STRI | IE EET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | □ belete | STRI | 1E | | | | | Addition |
| | | | ☐ Delete | STRI | ME EET ADDRESS (-ST-ZIP | | | | Change | Addition |
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| CITY-ST-ZIP TITLE | : | | | STRI CITY TITL NAM | ME EET ADDRESS (-ST-ZIP | | | | | |

12. I hereby certify that, the information supplied with this (ling 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 afcurate 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 of the rectiver or trusted empoyinged 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:

ME OF SIGNING OFFICER OR DIRECTOR

8/20/04

863-471-1949