2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 02, 2005 8:00 am Secretary of State DOCUMENT # P03000124932 1. Entity Name 05-02-2005 90439 031 ***150.00 JACK E. RASE, INC. Principal Place of Business Mailing Address 1108 WHITLOCK AVE 1108 WHITLOCK AVE JACKSONVILLE, FL 32211 JACKSONVILLE, FL 32211 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 04292005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0373550 59-1267992 Not Applicable Zip Country 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 RASE, JACK E Street Address (P.O. Box Number is Not Acceptable) 1108 WHITLOCK AVE JACKSONVILLE, FL 32211 Zio 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 little #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, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE Delete TITLE Change ☐ Addition RASE, JACK E NAME NAME STREET ADDRESS 1108 WHITLOCK AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32211 CITY - ST - ZIP TITLE ST ☐ Delete ☐ Change ☐ Addition RASE, LEIGH L HAME NAME STREET ADDRESS 1108 WHITLOCK AVE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32211 CITY - ST - ZIP TITI F TITLE ☐ Delete Change Addition ZEROLIS, ANDREW W NAME NAME STREET ADORESS 8787 SOUTHSIDE BLVD APT 2512 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 7IP CITY - ST - ZIP TITLE De ete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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. 4/28/05 904-721-2144

Date

Daving Phone to

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED