2005 FOR PROFIT CORPORATION

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TETLE

NAME

Apr 26, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P03000129559** 04-26-2005 90127 031 ***150.00 1. Entity Name VIP PROPERTY MAINTENANCE, INC Principal Place of Business Mailing Address Care of the late 2028 SABAL PALM DRIVE 2028 SABAL PALM DRIVE EDGEWATER, FL 32141 EDGEWATER, FL 32141 2. Principal Place of Business 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052005 CR2E034 (10/03) 4. FEI Number 86-1088322 City & State City & State Applied For Not Applicable Zip Country 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 HOLCOMB, MARK R Street Address (P.O. Box Number is Not Acceptable) 2028 SABAL PALM DRIVE EDGEWATER, FL 32141 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change ☐ Addition NAME HOLCOMB, MARK R NAME STREET ADDRESS 2028 SABAL PALM DRIVE STREET ADDRESS CITY-ST-ZIP EDGEWATER, FL 32141 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME ATKINSON, JOHN C NAME 3008 WOODLAND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP EDGEWATER, FL 32141 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

FILED

☐ Change

■ Addition

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.

CITY-ST-ZIP

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☐ Delete

4-19-05 SIGNATURE Mark R. Holcomb- res. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR