2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 23, 2004 8:00 am Secretary of State **DOCUMENT # P03000129571** 02-04-2004 90027 036 ***150.00 SPEARS & BURNS ENTERPRISES, INC. 07-23-2004 90002 005 ***150.00 Principal Place of Business Mailing Address 357 6 AVE WEST 357 6 AVE WEST 5406454R BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business 3. Mailing Address 214 33 Cd 214 33°9 Ave W Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 07202004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For FL xadentor Pradento Not Applicable 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 SPEARS, RONALD 357 6 AVE WEST Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34205 Zip Code Fi 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. | 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. \Box corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DP ☐ Delete TITLE ☐ Change Addition SPEARS, RONALD NAME NAME STREET ADDRESS 357 6 AVE WEST STREET ADDRESS BRADENTON, FL 34205 CITY-ST-7IP CITY-ST-ZIP ND ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME David Burus STREET ADDRESS STREET ADDRESS 1214 330 Avew CITY-ST-ZIP CITY-ST-ZIP Bradonton FL 34205 TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ociete TITLE TITLE Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

sour FFICER OR DIRECTOR **FILED**