2004 FOR PROFIT CORPORATION

Apr 30, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000130284 04-30-2004 90293 040 ***150.00 1. Entity Name JERRY ARBUCKLE, INC. Principal Place of Business Mailing Address 24061611 1836 GULF COURT 1836 GULF COURT INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04262004 City & State City & State 4. FEI Number Applied For 20-038586 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 ARBÜCKLE, JERRY Street Address (P.O. Box Number is Not Acceptable) 1836 GULF COURT INDIALANTIC, FL 32903 Zip Code FL The above named entity the obligations of registered agent 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when rematating 9. Election Campaign Financing \$5.00 May 8e 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. 11. ្តិកែLE : 🛶 : Defete TITLE Change ☐ Addition buckle, Jerry 836 Gulf Co ARBUCKLE, JERRY VIAME NAME 1836 GULF COURT STREET ADDRESS STREET ADDRESS 32903 ONY-ST-ZIP INDIALANTIC, FL 32903 CITY-ST-ZIP notialan Change Addition TITLE ☐ Delete TITLE ouckle laudine NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP City-St-7iP Delete Add:tion TITLE TITLE ☐ :Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change ✓ ☐ Addition TITLE NAME ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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 eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer or director of the corporation or the receiver or to stree 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.

STREET ADDRESS CITY-ST-2/P

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

FILED