' 2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \(\)

Apr 25, 2005 08:00 AM **DOCUMENT # P03000137376 Secretary of State** WILEY WEEMS INC Principal Place of Business_ Mailing Address 26 QUAIL CT 26 QUAIL CT CRAWFORDVILLE, FL 32327 CRAWFORDVILLE, FL 32327 CR2E034 (10/03) 04202005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0424386 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENFIELD, RON DO NOT WRITE 58 SIOUX CIR HAVANA, FL 32333 T IN THIS SPACE 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 Signalure, typed of printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WEEMS, WILEY NAME 26 QUAIL CT STREET ADDRESS CRAWFORDVILLE, FL 32327 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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

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