2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR):

May 14, 2004 8:00 am Secretary of State DOCUMENT*#*P03000138361 1. Entity Name 04-26-2004 90479 036 ***150.00 SCOTT WATKINS SERVICES, INC. Principal Place of Business Mailing Address 1064 LOTUS PKWY. 1064 LOTUS PKWY. SUITE 926 ALTAMONTE SPRINGS FL 32714 SUITE 926 ALTAMONTE SPRINGS FL 32714 6642194£ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WATKINS, CLIFFORD'S 1064 LOTUS PKWY. Street Address (P.O. Box Number is Not Acceptable) SUITE 926 ALTAMONTE'SPRINGS:FL=32714 City 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 lifford Scott WATKINS 4-19-04 SIGNATURE FILE NOWHI FEE IS \$150.00 After May 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MLE Delete TITLE ☐ Change ☐ Addition NAME WATKINS, CLIFFORD S NAME 1064 LOTUS PKWY, SUITE 926 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY - ST - ZIP TITLE Oelete TITLE ☐ Change ☐ Addition WATKINS, DYAN NAME NAME 1064 LOTUS PKWY, SUITE 926 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP VΡ TITLE Detete ☐ Chance ☐ Addition NAME BEEM, MILTON J NAME STREET ADDRESS 1064 LOTUS PKWY, SUITE 926 ... STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP TITLE Deleta Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CHTY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIRE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-76 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 eath; 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. ifford Scott WATKING SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED