2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 03, 2004 8:00 am Secretary of State DOCUMENT # P03000142343 05-03-2004 90669 018 ***150.00 KIRK ROHR, INC. Principal Place of Business Mailing Address 74U/8/UII 1716 FIRST ST 1716 FIRST ST NEPTUNE BEACH, FL 32266 NEPTUNE BEACH, FL 32266 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/03) 04282004 Chg-P Applied For City & State City & State 4. FEI Number 20-0442725 Not Applicable Zip Country Zip 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 ROHR, THOMAS K Street Address (P.O. Box Number is Not Acceptable) 1716 FIRST ST NEPTUNE BEACH, FL 32266 Zip Code City FL 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 ... 1 SIGNATURE. Signature, types of amited name of registered agent and title it applicable (NOTE: Recistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! PEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST Change ☐ Addition ☐ Delete TITLE ROHR, THOMAS K NAME NAME 1716 FIRST ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. NEPTUNE BEACH, FL 32266 CITY-ST-7IP Delete ☐ Change ☐ Addition JIILE. TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS C11Y-ST-71P CITY-ST-ZIP TITLE ☐ Defete ☐ Addition TITLE NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE. ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 nt with an address, with all other like empowered

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