2004 FOR PROFIT CORPORATION

Apr 23, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000146042 04-23-2004 90230 008 ***150.00 PAUL VANSANDT INC. Mailing Address Principal Place of Business 24310 BROWNING PL 24310 BROWNING PL BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03092004 4. FEI Number Applied For City & State City & State 20-0684817 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VANSANDT, PAUL Street Address (P.O. Box Number is Not Acceptable) 24310 BROWNING PL BROOKSVILLE, FL 34601 Zip Code City 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. DATE 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 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. MLE ☐ Change Addition Delete ME VANSANDT, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 24310 BROWNING PL CITY-ST-ZIP BROOKSVILLE, FL 34601 CITY-ST-71P Addition ☐ Delete MRE Change ME VANSANDT, PAUL II NAME NAME STREET ADDRESS 24310 BROWNING PL STREET ADDRESS BROOKSVILLE, FL 34601 CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Delete TITLE mæ VANSANDT, BETTY NAME NAME 24310 BROWNING PL STREET ADDRESS STREET ADDRESS BROOKSVILLE, FL 34601 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change ITTLE VANSANDT, LOU ELLA NAME NAME STREET ADDRESS 24310 BROWNING PL STREET ADDRESS BROOKSVILLE, FL 34601 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MILE ☐ Change ☐ Addition IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 🗀 Delete ms ☐ Change ☐ Addition TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 report is true and accurate and that my signature shaft 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. Paul Van Sand 71-21-04

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