2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE:

Mar 09, 2004 8:00 am Secretary of State DOCUMENT # P03000148605 1. Entity Name 03-09-2004 90042 005 ***150.00 BSG COMMUNITIES, INC. Principal Place of Business Mailing Address 303 9 ST W STE 201 BRADENTON FL 34205 303 9 ST W STE 201 BRADENTON FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable 20-0646411 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 GRAVELY, JEFFREY D Street Address (P.O. Box Number is Not Acceptable) 303 9 ST W STE 201 **BRADENTON FL 34205** 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 the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9:-Election Campaign Financing \$5:00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 mm e Delete TITLE Addition President NAME NAME Frank A. Buskirk STREET ADDRESS STREET ADDRESS 303 Nigth St. W., Suite 201 Bradenton, FL 34205 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition **VP** NAME MAME Jeffrey D. Gravely STREET ADDRESS STREET ADDRESS 303 Ninth St. W., Suite 201 CITY-ST-ZIP CITY-ST-ZIP Bradenton, FL 34205 Addition TITI F ☐ Delete TITLE NAME Steve E. Summers STREET ADDRESS STREET ADDRESS 303 Ninth St. W., Suite 201 CITY-ST-ZIP CITY-ST-ZIP Bradenton, FL 34205 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

FILED