2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

AE OF SIGNING OFFICER OR DIRECTOR

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P03000153309 04-16-2004 90066 028 ***150.00 1. Entity Name FERGUSON SERVICES, INC. Principal Place of Business Mailing Address ひまひひまひゃり 20025 SALTSDALE RD 20025 SALTSDALE RD UMATILLA, FL 32784 UMATILLA, FL 32784 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional Fee Required Zip Country Zip Country 5. Certificate of Status Desired. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERGUSON, ALAN Street Address (P.O. Box Number is Not Acceptable) 20025 SALTSDALE RD UMATILLA, FL 32784 Zip Code FI 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition ☐ Delete NAME FERGUSON, ALAN NAME STREET ADDRESS 20025 SALTSDALE RD STREET ADDRESS UMATILLA, FL 32784 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Addition TITLE ☐ Defete FERGUSON ALAN NAME NAME 20025 SALTSPALE RD STREET ADDRESS STREET ADORESS UMATICLA FL 32784 CITY-ST-7!P CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE LISA FERGUSOU 20025 SALTSPALE RD NAME NAME STREET ADDRESS STREET ADDRESS UMATICEA CITY-ST-ZIP CITY-ST-ZIP FL 32784 TITLE ☐ Delete TITLE Change Addition NAME NAME AMANDA FERGUSON STREET ADDRESS STREET ADDRESS 20025 SALTSDALE FO CITY-ST-ZIP CITY-ST-71P UMATILLA FL 32784 ☐ Delete ☐ Change → Addition TITLE TITLE FERGUSON NAME NAME AGUAMA 20025 BALTSPALERD 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 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 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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