2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2004 8:00 am Secretary of State 03-04-2004 90011 040 ***150.00

Mailing Address \$5 ADALIA AVE. TAMPA FL 33606 Mailing Address \$5 ADALIA AVE. TAMPA FL 33606 ANAPA FL 33606 Suite. Apt. #. etc. City & State A. FEI Number 65 - 1214545 Novid Application Fee Required Fee Required Fee Required Fee Required Fee Required Fee Required Name Street Address (P.O. Box Number is Not Acceptable) Cay FL Zip Code Tampa, FL 33602 Cay Cay FL Zip Code Cay FL Zip Code Cay FL Zip Code The above named entry submits this statement for the purpose of changing as registered agent, or both, in the State of Forda. I am fartifier with, and accept agent. Cay FIL Zip Code Cay FL Zip Code Cay FL Zip Code The above named entry submits this statement for the purpose of changing as registered diffice or registered agent, or both, in the State of Forda. I am fartifier with, and accept agent. Cay FIL Now mit Fee 18 \$150 DD After May 1, 2004 Fee will be \$550.00 P. Election Campaign Financing Trust Fundors States The Address Codes States The Address Codes States City S
Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired Fee Required Fee Required Fee Required S. Name and Address of Current Registered Agent T. Name and Address of Now Registered Agent RECKLEMYER, KEITH W Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code City FL Zip Code City FL Zip Code City City City FL Zip Code City City City City City FL Zip Code City C
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SRICKLEMYER, KEITH W SICKLEMYER, KEITH W SICKLEMYER, KEITH W SICKLEMYER, KEITH W Signature dentity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature registered agent. DAIL THE SIGNATURE Spectra boxes of the purpose and test to be purpose and
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