


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90023 013 \*\*\*150.00

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # P04000001267</b><br>1. Entity Name<br><b>PACE FLORIDA HOLDINGS, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>3033 RIVIERA DR SUITE 201<br/>NAPLES, FL 34103</b>  |   |   | Mailing Address<br><b>3033 RIVIERA DR SUITE 201<br/>NAPLES, FL 34103</b> |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |  |  |
| City & State  |   | City & State  |  |  |  |
| Zip   | Country   | Zip   | Country  |  |  |
| 6. Name and Address of Current Registered Agent   |   |   |  | 7. Name and Address of New Registered Agent  |  |
| <b>BUDD, DAVID G</b><br><b>3033 RIVIERA DR SUITE 201</b><br><b>NAPLES, FL 34103</b>   |   |   |  | Name -<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code       </div>   |  |
| 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____   |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>BUDD, DAVID G</b><br><b>3033 RIVIERA DR SUITE 201</b><br><b>NAPLES, FL 34103</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <b>V/S</b><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <b>D/P/T</b><br><b>Sheldon W. Starman</b><br><b>4099 Tamiami Trail North, #400</b><br><b>Naples, Florida 34103</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <b>V/AS</b><br><b>Alberto A. Macia</b><br><b>3033 Riviera Drive, Suite 201</b><br><b>Naples, Florida 34103</b><br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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 changed, or on an attachment with an address, with all other like empowered. |   |   |  |  |  |
| <b>SIGNATURE: <u>David G. Budd</u></b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | <b>3/10/04 (239) 263-7700</b><br><small>Date Daytime Phone #</small>     |  |  |

DAVID G. BUDD, VICE PRESIDENT