2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 8:00 am Secretary of State

Principal Place of Business 7621 15 ST. E. 2E SARASOTA, FL 34243 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Country Country Country Country STEWART, WILLIAM M JR 7621 15 ST. E. 2E SARASOTA, FL 34243 3. Mailing Address 3. Mailing Address Suite, Apt. #, etc. O1252005 Chg-P CR2E034 (10/03) Applied For Not Applicable Country St. Certificate of Status Desired Registered Agent Name STEWART, WILLIAM M JR 7621 15 ST. E. 2E SARASOTA, FL 34243 Street Address (P.O. Box Number is Not Acceptable)
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SARASOTA, FL 34243 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. O1252005 Chg-P CR2E034 (10/03) City & State City & State City & State City & State Country Country Country Country Country Country Country The Registered Agent Name STEWART, WILLIAM M JR 7621 15 ST. E. Sarasota, FL 34243 Applied For Country Country Country Country Country Sarasota, FL 34243 Applied For Country Screet Address of Status Desired Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)
2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. O1252005 Chg-P CR2E034 (10/03) City & State City & State City & State Country Country Country Country Country Country See Required Fee Required Name STEWART, WILLIAM M JR 7621 15 ST. E. Suite, Apt. #, etc. O1252005 Chg-P CR2E034 (10/03) Applied For Not Applicable See Required Registered Agent Name Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc. Suite, Apt. #, etc. O1252005 Chg-P CR2E034 (10/03) City & State City & State City & State City & State 4. FEI Number (55-121.7.7.1.2
City & State Applied For Not Applicable Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired Not Applicable Status Desired Stat
Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Name STEWART, WILLIAM M JR 7621 15 ST. E. Street Address (P.O. Box Number is Not Acceptable)
Country Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name STEWART, WILLIAM M JR 7621 15 ST. E. Street Address (P.O. Box Number is Not Acceptable)
STEWART, WILLIAM M JR 7621 15 ST. E. Street Address (P.O. Box Number is Not Acceptable) 2E
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7621 15 ST. E. Street Address (P.O. Box Number is Not Acceptable) 2E
CADACOTA EL 24042
SARASOTA, FL 34243
City FL 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P Change Addition
NAME STEWART, WILLIAM M JR. STREET ADDRESS P.O. BOX 1781 NAME Darla J. Lee STREET ADDRESS 219 - 41 St St. N.E.
CITY-ST-ZIP ANNA MARIA, FL 34216 CITY ST-ZIP Bradenton, FL 34208
TITLE Delete TITLE Change Addition
NAME NAME
STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP CITY-ST-ZIP
TITLE ☐ Delete TITLE ☐ Change ☐ Addition
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NAME NAME
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP
TITLE Delete TITLE Change Addition
NAME NAME
STREET ADDRESS STREET ADDRESS
CITY-ST-ZIP

12. Increary 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 1-941-704-4184