2005 FOR PROFIT CORPORATION

Apr 18, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000088696** 04-18-2005 90549 027 ***150.00 1. Entity Name JODI R. EVANS, P.A. Mailing Address 20035524 Principal Place of Business PO BOX 276 3532 FLAMINGO AVE SARASOTA, FL 34230 SARASOTA, FL 34242 2. Principal Place of Business 3. Mailing Address 1.0. Box 10. Suite, Apt. #, etc. Suite, Apt. #, etc. 04092005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 20-2207 Not Applicable 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 DOERR, KENNETH D Street Address (P.O. Box Number is Not Acceptable) 340 S PINEAPPLE AVE 10 FLR SARASOTA, FL 34236 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. DATE Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Change Change TITI F ☐ Delete NAME EVANS, JODI R NAME P.O. BOX 276 3532 FLAMINGO AVE STREET ADDRESS STREET ADDRESS SARASOTA, FL 34242 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change ☐ Addition TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITT F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

formation 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 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 ecivies 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 yent with an address, with all other like empowered. 12. I hereby certify that the indicated on this report of of the corporation or the changed, or on

SIGNATURE