2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # P04000136977** 1. Entity Name 04-28-2005 90175 008 ***158.75 **ED LEE LARUE INC** Principal Place of Business Mailing Address 36628 ORANGE STREET 36628 ORANGE STREET 14003843 LEESBURG, FL 34788 LEESBURG, FL 34788 2. Principal Place of Business 3. Mailing Address P O Box 895294 Suite. Apt. #, etc. Suite, Apt. #, etc. 04042005 Chg-P CR2E034 (10/03) City & State 4 City & State 4. FEI Number Applied For Leesburg Not Applicable 06-1706590 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34789 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOWNSEND, GLORIA M Street Address (P.O. Box Number is Not Acceptable) 36628 ORANGE STREET LEESBURG, FL 34788 City 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be 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. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LARUE, ED L MARKE NAME 36628 ORANGE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change TOWNSEND, GLORIA M NAME NAME STREET ADORESS 36628 ORANGE STREET STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP TITLE ☐ Delete m F Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete MIF ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. SIGNATURE: G OFFICER OR DIRECTOR

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