2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Sep 01, 2005 8:00 am Secretary of State DOCUMENT # P04000148424 09-01-2005 90023 026 ***558.75 1. Entity Name GEORGE F. FELKER, INC. Principal Place of Business Mailing Address CYFFGUUC 1211 TEAHOUSE DRIVE CLEARWATER FL 33764 1211 TEAHOUSE DRIVE CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (5/05) Applied For City & State City & State 4, El Number Not Applicable Zip Country Country Zip \$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 Name. FELKER, GEORGE F Street Address (P.O. Box Number is Not Acceptable) 1211 TEAHOUSE DRIVE CLEARWATER FL 33764 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. -26-05 SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! REE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Delete ☐ Addition FELKER, GEORGE F NAME NAME STREET ADDRESS 1211 TEAHOUSE DRIVE STREET ADDRESS CLEARWATER FL 33764 CITY-ST-ZIP CITY-ST-ZIP SEC TITLE ☐ Defete ☐ Change ☐ Addition FELKER, GEORGE F NAME NAME 1211 TEAHOUSE DRIVE STREET ADDRESS STREET ADDRESS âITY-ST-ZIP CLEARWATER FL 33764 CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

2605-727-9

FILED