2004 FOR PROFIT CORPORATION ANNUAL REPORT		Apr 29, 2004 8:00 am Secretary of State
OCUMENT # P92000011230		04-29-2004 90288 045 ***158.75

GB 500, INC. **14011978** Principal Place of Business Mailing Address 3200 TAMIAMI TRAIL N 3200 TAMIAMI TRAIL N SUITE 200 SUITE 200 NAPLES, FL 34103 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0378400 Not Applicable Country Zip Zip 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 Name WOODWARD, MARK J Street Address (P.O. Box Number is Not Acceptable) 3200 TAMIAMI TRAIL N SUITE 200 NAPLES, FL 34103 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. Efection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** ☐ Change TITLE Addition TITLE Delete NAME WOODWARD, MARK J NAME Ferrao, Aubrey J. STREET ADDRESS 3200 TAMIAMI TRAIL N, STE 200 STREET ADDRESS 3470 Club Center Blvd. CITY-ST-7IP CITY-ST-7IP NAPLES, FL 34103 <u>Naples, FL 34114</u> ☐ Delete TITLE ☐ Change ☐ Addition TITLE PIRES, ANTHONY P JR NAME NAME Parisi, Joseph Livio STREET ADDRESS 3200 TAMIAMI TRAIL N, STE 200 STREET ADDRESS 3470 Club Center Blvd. CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34103 Naples FL 34114 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME Woodward, Mark J. STREET ADDRESS STREET ADDRESS 3470 Club Center Blvd. CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34114 □ Change ☐ Addition TITLE ☐ Delete TITLE DiNardo, Anthony 3470 Club Center Blvd. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34114 Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STRFET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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