2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # P92000014750 1. Entity Name 04-19-2004 90720 017 ***150.00 HOLD ON AMERICA, INC. Mailing Address Principal Place of Business P.O. BOX 703 2109 SHADY POINT LANE MANGO FL 33550 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address 3905 Braun Way 3905 Braun Way Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3153113 Valrico FL 331 143797 Valrico FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33594-7007 Hillsborough 33594-7007 Fee Required Hillsborough 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Wood, Lyle-R----WOOD, LYLE'R Street Address (P.O. Box Number is Not Acceptable) 2109 SHADY POINT LANE BRANDON FL 33510 3905 Braun Way 36-7 Valrico 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD TITLE ☐ Delete TITLE PTD Change Addition NAME WOOD, LYLE R NAME Wood, Lyle R 2109 SHADY POINT LANE STREET ADDRESS STREET ADDRESS 3905 Braun Way BRANDON FL 33510 CITY-ST-ZIP CITY-ST-ZIP Valrico FL 33594-7007 VSTD ☐ Delete Change ☐ Addition **VSD** SANCHEZ, NANCY J NAME NAME Sanchez, Nancy J. 2109 SHADY POINT LANE STREET ADDRESS STREET ADDRESS 3905 Braun Wav CITY-ST-ZIP BRANDON FL 33510 CITY-ST-ZIP Valrico FL 33594-7007 Delete Change ∏ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

4-16-04