2004 FOR PROFIT CORPORATION

SIGNATURE: NICHGLAND TYPED

FILED Mar 02, 2004 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # P93000003380 1. Entity Name 03-02-2004 90023 047 ***150.00 NICHOLAS W. BELLANCA, P.A. Principal Place of Business Mailing Address 904 SE 4TH PL CAPE CORAL FL 33990 904 SE 4TH **FUUFIUF** CAPE CORAL FL 33990 3. Mailing Address NE 237 CT. 2. Principal Place of Business 13737 NE 237 CT. Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State SPRINGS Applied For 4. FEI Number City & State 65-0383975 SPRINGS SALT Not Applicable Zip 3 2134 32134 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BELLANCA, NICHOLAS W NICHOLAS W. BELLANCA 904 SE 4TH PL 13765 NE 237TH CT CAPE CORAL FL 33990 SALT SPRINGS FL 32134-5995 Zip Code City FL 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. BELLANCA NIC HOLES SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. TITLE X Change Addition TITLE ☐ Delete NICHOLAS W. BELLANCA BELLANCA, NICHOLAS W NAME 13765 NE 237TH CT STREET ADDRESS 904 SE 4TH STREET ADDRESS **SALT SPRINGS FL 32134-5995** CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL 33990 JOYCE BELLANCAX Change ☐ Addition Delete TITLE NICHOLAS W. BELLANCA BELLANCA, JOYCE A NAME 13765 NE 237TH CT STREET ADDRESS STREET ADDRESS 904 SE 4TH SALT SPRINGS FL 32134-5995 1 CAPE CORAL FL 33990 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition. ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE 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 reported by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

BEZLANCA

ER OR DIRECTOR

2/20/04 352-665-8663
Date 9 Davine Phone # - 3025