2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

May 05, 2004 8:00 am **DOCUMENT # P93000037673 Secretary of State** 1. Entity Name 05-05-2004 90211 019 ***150.00 SDPT. INC. Mailing Address Principal Place of Business 169 SW FORTUNE WAY 169 SW FORTUNE WAY FORT WHITE FL 32038 FORT WHITE FL 32038 2. Principal Place of Business 3. Mailing Address Clarke 1105 Fort 1105 Fort Clarke CR2E034 (11/03) Applied For 65-0410349 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required lachua 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEEM, SHERYL L 169 SW FORTUNE WAY Street Address (P.O. Box Number is Not Acceptable) FORT WHITE FL 32038 2911(C) U 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. the obligations of registered agent. (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. Change . Addition PD TITLE TITLE Delete DEEM, SHERYL L NAME Deem Glarke Blud. Apt. 811 NAME STREET ADDRESS RT 3 BOX 3294 OAK HOLLOW DRIVE STREET ADDRESS CITY-ST-ZIP FT WHITE FL CITY-ST-ZIP VD Change Addition TITLE ☐ Delete NAME DEEM, RICHARD STREET ADDRESS STREET ADDRESS RT 3 BOX 3294 OAK HOLLOW DRIVE CITY-ST-ZIP FT WHITE FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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

FILED

Attachment 24009287 p93000037673

SDPT Inc. Rick Deem 1105 Fort Clarke Blvd. Apt 811 Gainesville Fl. 32606

Attn. Division of corporations annual report section.

I was hospitalized due to mental problems and my wife divorced me and gave me the business papers in a huge stack and I have just recently been given a clean bill of health and I'm back after being on medications. Upon going through my paperwork I noticed that this was not taken care of. I called your office and they said to write a letter explaining the circumstance involved and I would not be fined. Please accept my apology as I had no control over the problem. Also note that my address is changed to the above address.

Rick Deem