2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF PRINTING OFFICER OR DIRECTOR

Apr 11, 2005 8:00 am Secretary of State DOCUMENT # P93000047341 04-11-2005 90176 048 ***150.00 1. Entity Name KISBY ENTERPRISES, INC. Principal Place of Business Mailing Address 50035753 12419 SW COUNTY RD 769 12419 SW COUNTY RD 769 LAKE SUZY, FL 34269 LAKE SUZY, FL 34269 2. Principal Place of Business 3. Mailing Address PUPCE 13 BUNKER 13 BUNGER PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. 03132005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number ROTONDA ~ಡಾ ROYUTAS COEST 65-0424240 Not Applicable Zip-33947 Zip-Country Country \$8.75 Additional A.Z. 5. Certificate of Status Desired U.S.A 33947 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KBBY ROY KISBY, ROY A Street Address (P.O. Box Number is Not Acceptable) 12419 SW COUNTY RD #769 LAKE SUZY, FL 34269 AG40729 12.51W City 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 Poil 8, 2005 SIGNATURE ent and title if applicable. Signature, typed or printed name of registered ag (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D ☐ Addition TITLE ☐ Delete TITLE ☐ Change KISBY, ROY A NAME NAME STREET ADDRESS 13 BUNKER PLACE STREET ADDRESS ROTUNDA WEST, FL 33947 CITY-ST-7IP CITY-ST-7iP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KISBY, JOY NAME NAME STREET ADDRESS 13 BUNKER PLACE STREET ADDRESS CITY-ST-ZIP ROTONDA WEST, FL 33947 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change 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

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