2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # P93000059717 EXCALIBUR REALTY, INC. Principal Place of Business Mailing Address % DERYLL F. GROSS 5115 9TH AVE DR. W. BRADENTON FL 34209 % DERYLL F. GROSS 5115 9TH AVE DR. W. BRADENTON FL 34209 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0438582 Not Applicable Zιρ Zip Country Country \$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 Name GROSS, DERYLL F Street Address (P.O. Box Number is Not Acceptable) 5115 9TH AVE DR WEST **BRADENTON FL 34209** 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 like if applicable (NOTE Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing 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 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE Change Addition TITLE GROSS, DERYLL F NAME MARKE STREET ADDRESS 5115 9TH AVE DR WEST STREET ADDRESS U000000025182 BRADENTON FL CITY-ST-ZIP CITY -ST - ZIP ☐ Detete 5513 F ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME MARIT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP ☐ Delete TITLE Change Addition TETLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change Addition BITLE HALIF WARK! STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP 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). Fiorida Statutes, I further certify that the information indicated on this report or suppliemental 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

DRYAL F. GROSS 1-27-04 (841)7925566
DRIVING PROFISE DAVING Phone N