2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2004 8:00 am DOCUMENT # P93000062503 **Secretary of State** 1. Entity Name 03-29-2004 90048 047 ***150.00 PALMS OF MANASOTA, INC. Principal Place of Business Mailing Address P.O. BOX 460 PALMETTO FL 34221 268 51ST ST CIRCLE E 44022054 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0484340 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent H. Lynah DORR, E. JOHN Street Add 256 51ST ST CIRCLE E PALMETTO FL 34221 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. MARY H. LYNAH 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition MARY H LYNAH DORR, E. JOHN NAME NAME 110 49+1 C+ E STREET ADDRESS 256 51ST ST CIRCLE E STREET ADDRESS PALMETTO FL 34221 Palmetto CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change TITLE Addition Jerry Conner 215 dath Cir E CHILDRESS, LISA NAME NAME 314 49TH ST E STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALMETTO FL 34221 CITY-ST-ZIP Palmetto Detete TITLE TITLE Change ☐ Addition reas. MAME LAIDIG, RON NAME STREET ADDRESS STREET ADDRESS 316 49TH ST E CJTY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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