2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2004 8:00 am DOCUMENT # P93000079156 **Secretary of State** 1. Entity Name 03-08-2004 90043 005 ***150.00 LAW OFFICES OF DONALD T. RYCE, P.A. Principal Place of Business Mailing Address 1111 KANE CONCOURSE 1111 KANE CONCOURSE STE 305 BAY HARBOR ISLANDS FL 33154 STE 305 BAY HARBOR ISLANDS FL 33154 2. Principal Place of Business 909 Coqui Mailing Address 09 Wing hane MOORE CR2E034 (11/03) Vero Beach FL 4. FEI Number Applied For Beach 65-0451119 210 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 RYCE, DONALD TUR. Street Address (P.O. Box Number is Not Acceptable) 1111 KANE CONCOURSE guina STE/305 ANDS FL 33154 8. The above named entity submits this statement for the furnose 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, typed or printed name of registered agent and title if applicable. (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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete RYCE, DONALD T JR. NAME NAME 908 Coquina Lane Vero Beach FL 32963 333 ARTHUR GODFREY RD SUITE 714 STREET ADDRESS STREET ADDRESS MIAMI BEACK FL 33140 CITY-ST-ZIP CITY-ST-ZIP VPSD ☐ Delete TITLE 908 Coquina Lage Vero Brach FC 3296. RYCE, CLAUDINE NAME NAME 333 ARTHUR GODFREY BO SCITE 714 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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

SIGNATURE:

FILED