2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 15, 2004 08:00 AN DOCUMENT # P93000083288 **Secretary of State** ROYAL FERN MANAGEMENT CO. Principal Place of Business Mailing Address 2004 ROYAL FERN CT P.O. BOX 484 PALM CITY, FL 34990 EDGEMONT, PA 19028 01092004 No Chg-P CB2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0455504 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES INC. DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 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, typod or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 31712 NAME CHANDLER, JOSEPH W STREET ADDRESS 2004 ROYAL FERN CT PALM CITY, FL 34990 COY-ST-ZIP UNNOO00004728 ŭ1/15/04-80025-002 150.00 CHANDLER, KARL V VICEPRE NAME STREET ADDRESS P.O. BOX 484 CITY-ST-ZIP EDGEMONT, PA 19028 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS

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 his 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:

COTY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING, OFFICER OR DIRECTOR

1/4/04

40-356-2332

FILED

Daytima Phone #