2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE AND TYPED OF PRINTED NAM

SIGNATURE:

Apr 06, 2004 8:00 am Secretary of State DOCUMENT # P93000087619 1. Entity Name 04-06-2004 90021 011 ***150.00 VIRGO INVESTMENTS, INC. Principal Place of Business Mailing Address **GUESTHOUSE INN AND SUITES** 1308 N 14TH ST LEESBURG FL 34748 1308 N 14TH ST LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3025098 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEEKS, CURTIS L Street Address (P.O. Box Number is Not Acceptable) 70 WEST LUCERN CIRCLE **APT 1615** ORLANDO FL 32801 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, 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 10. 🗸 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEO TITLE ☐ Delete TITLE ☐ Change Addition NAME MEEKS, CURTIS L NAME STREET ADDRESS 70 WEST LUCERN CIRCLE, APT 1615 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME LOCK, REED M NAME STREET ADDRESS 1920 SUSSEX DRIVE STREET ADDRESS CITY-ST-7IP MT. DORA FL 32757 CITY-ST-ZIP VΡ TITLE ☐ Delete ☐ Change Addition NAME GRUBB, JOHN C---NAME STREET ADDRESS 326 VALERA COURT STREET ADDRESS CITY-ST-ZIP WINTERPARK FL 32789 CITY-ST-ZIP TIT) F TITLE ☐ Delete ☐ Change ☐ Addition NAME MEEKS, CURTIS L NAME 70 WEST LUCERN CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby 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 emporered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

G OFFICER OR DIRECTOR

M/arch 30, 2004

Daytime Phone #

FILED