2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004
Secretary of State

DOCUMENT# P94000015016

Entity Name: TAMKAR, INC.

Current Principal Place of Business:

14465 VISTA DEL LAGO BLVD
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

8687 W. IRLO BRONSON HWY.
200
KISSIMMEE, FL 34747

New Mailing Address:

8687 W. IRLO BRONSON MEM HWY.
SUITE 200
KISSIMMEE, FL 34747

FEI Number: 59-3228310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VASON, ROBERT F JR., PA
501 EAST FIFTH AVENUE
MOUNT DORA, FL 32756 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DST ( ) Delete
Name: LEARY, TAMRA P
Address: 1115 E. LIVINGSTON ST.
City-St-Zip: ORLANDO, FL 32808

Title: PD ( ) Delete
Name: LEARY, WILLIAM N
Address: 1115 E. LIVINGSTON ST.
City-St-Zip: ORLANDO, FL 32803

Title: VD ( ) Delete
Name: WISE, KAREN P
Address: 1115 E. LIVINGSTON ST.
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM N. LEARY PD 02/19/2004

Electronic Signature of Signing Officer or Director — Date