2004 FOR PROFIT CORPORATION

FILED · · · · ANNUAL REPORT Mar 10, 2004 08:00 AM DOCUMENT # P94000054382 **Secretary of State** PLAN C OF NORTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 8137 NAVARRE PKWY 8144 RALEIGH ST. DEVINCI'S ITALIAN STE D NAVARRE, FL 32566 NAVARRE, FL 32566 01092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3256004 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHAEFFER, RONALD DO NOT WRITE 8144 RALIGH ST GULF BREEZE, FL 32566 IN THIS SPACE 8. The above named entity agomits 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 pagis 3-6-200 Y (NOTE: Registered Agent signature required when reinstating) U00000083413 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 03/10/04-80038-011 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SCHAEFFER, RONALD STREET ADDRESS 8144 RALEIGH ST. CITY-ST-ZIP NAVARRE, FL 32566 TITLE NAME STREET ADDRESS CRTY - ST- ZIP TITLE MARKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TELLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this fiting 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 by ith an address, with all other like empowered.

CATY -ST-ZIP TITLE NAME STREET ADDRESS CRTY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNATURE OF DIRECTOR