2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE:

Mar 22, 2004 8:00 am DOCUMENT # P94000067534 **Secretary of State** 1. Entity Name 03-22-2004 90086 037 ***158.75 FAKAHATCHEE RESOURCES, INC. Principal Place of Business Mailing Address 5672 STRAND COURT 5672 STRAND COURT 14000214 STE 1 NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0524077 Not Applicable Zin Country 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 Name JANET KELLY Street Address (P.O. Box Number is Not Acceptable) 5672 STRAND CT STE 1 NAPLES FL 34110 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** 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 11. VP, D HARDY, ROBERT PAUL 5672 Strand Court, Suite 1 TITLE Defete TITLE Change ☐ Addition NAME HARDY, ROBERT PAUL NAME STREET ADDRESS 5692 STRAND COURT 1 STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP 34110 CITY-ST-7IP TITLE ☐ Delete Change TITLE ☐ Addition NAME KELLY, JANET NAME STREET ADDRESS 5672 STRAND COURT 1 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP Delete TITLE TITLE ■ Addition HAMOY, ROBERT, S. NAME HARDY, ROBERT S NAME Strand Court, suitel STREET ADDRESS 5692 STRAND COURT 3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34110 CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED