2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an GEORGE 4. G

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

Apr 08, 2004 8:00 am Secretary of State DOCUMENT # P94000082382 1. Entity Name 04-08-2004 90004 036 ***150.00 GEORGE E. GHEEN CO., INC. Principal Place of Business Mailing Address 2969 HGWY 20 W 4006 LATHAM DR FREEPORT FL 32439 HAYMARKET VA 20169 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 59-3278585 Not Applicable Zip 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 GEORGE E. -BARKES-JOAN-M- GHEEN, Street Address (P.O. Box Number is Not Acceptable) -2969 HIGHWAY 20 WEST-⁵8 Oregon Drive -FREEPORT FL 32439-Ft. Walton Beach Florida 32548 Zip Code *See 2003 Report. 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 TITLE Delete TITLE ☐ Change ☐ Addition GHEEN, GEORGE E NAME NAME 58 OREGON DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32548 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME MYERS, DOROTHY G NAME STREET ADDRESS 4006 LATHAM DR STREET ADDRESS CITY-ST-ZIP HAYMARKET VA 20169 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby 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 chapted or on a state-theorytish an address, with all other like appears.

03/15/04

Date

(703) 754-2694

Daytime Phone #

FILED