2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P94000083411 04-05-2004 90002 015 ***150.00 JAMÉS & KAY, INC. Principal Place of Business Mailing Address **702 BOYSENBERRY CT** 869 E SEMORAN BLVD CASSELBERRY, FL 32707 WINTER SPRINGS, FL 32708 2. Principal Place of Business 3. Mailing Address 869 STATE RD 436 Suite, Apt. #, etc. Suite, Apt. #, etc. 04022004 CR2E034 (10/03) City & State City & State Applied For 4. FEI Number CASSELBERL 59-3288797 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П ΰS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIRD, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 869 E SEMORAN BLVD CASSELBERRY, FL. 32707 SPRINGS stilly 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 8. The aber situregistered agent. the obligation WICHBEL BIRD resident SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and tale if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition NAME BIRD, MICHAEL J NAME 702 BOYSENBERRY CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BIRD, HILARY K NAME NAME 702 BOYSENBERRY CT STREET ADDRESS STREET ADDRESS CITY+ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP Detete THE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CTY-ST-ZP 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 supplements report in the rend 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 appropriate 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 with an addition with all other like empowered. MICHAEL SIGNATURE: SIGNATURE AND TYPED OR

FILED