FILED Apr 22, 2004 8:00 am Secretary of State

2004 FOR PROFIT CORPORATION

04-22-2004 90032 033 ***150.00 ANNUAL REPORT **DOCUMENT # P95000011883** 1. Entity Name FLECK BROS. INC. 918CCOFC Principal Place of Business Mailing Address A 6112 28TH ST E 6112 28TH-ST E BRADENTON, FL 34203 BRADENTON, FL 34203 3. Wailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CH26034 (10/03) 04162004 Cha-P City & State City & State 4. FEI Number Applied For 65-0557990 Not Applicable Zio 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 FLECK, PAUL W FLECK, PAUL W 7462 FEATHERSTONE BLVD 6//2 28/H/ ST. EAST SARASOTA, FL 34238 BRAD(N/ON, FL , 342 03 Street Address (P.O. Box Number is Not Acceptable) City 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, typed or priving name of registered agent and light if applicable. NOTE: Registered Agent signate - A.W 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition NAME FLECK, PAUL W NAVE 6/12 JBTH ST EAST 7462 FEATHERSTONE BLVD STREET ADDRESS STREET ADDRESS SARASOTA, FL 34238 CITY-ST-ZIP DVPS TIT: F ☐ Delete TITLE Addition FLECK, PATTI JO NAME NAME STREET ADDRESS 7462 FEATHERSTONE BLVD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34238 COY-ST-ZE TITLE Delete TELLS Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE TILE ___ Detete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CiTY-ST-ZiP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z8P 12. I hereby certify that the information supplied with this filling 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 true a empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ER OR DIRECTOR