2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# P95000018541

Entity Name: STROP ALLISON, INC.

Current Principal Place of Business:

1080 EMPORIA RD
PIERSON, FL 32180 US

New Principal Place of Business:

24543 ALLIGATOR RD
ASTOR, FL 32102 US

Current Mailing Address:

1080 EMPORIA RD
PIERSON, FL 32180 US

New Mailing Address:

24543 ALLIGATOR RD
ASTOR, FL 32102 US

FEI Number: 59-3299504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STROP, WILLIAM L
1080 EMPORIA RD.
PIERSON, FL 32180 US

Name and Address of New Registered Agent:

STROP, WILLIAM L
24543 ALLIGATOR RD
ASTOR, FL 32102 US

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.

SIGNATURE: 05/03/2005
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STROP, WILLIAM L
Address: 1080 EMPORA RD.
City-St-Zip: PIERSON, FL 32180

Title: STD ( ) Delete
Name: ALLISON, ELIZABETH B
Address: 1080 EMPORIA RD.
City-St-Zip: PIERSON, FL 32180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STROP, WILLIAM L
Address: 24543 ALLIGATOR RD
City-St-Zip: ASTOR, FL 32102

Title: STD (X) Change ( ) Addition
Name: ALLISON, ELIZABETH B
Address: 24543 ALLIGATOR RD
City-St-Zip: ASTOR, FL 32102

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH B. ALLISON STD 05/03/2005
Electronic Signature of Signing Officer or Director — Date