2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 17, 2005 8:00 am Secretary of State **DOCUMENT # P95000022370** 05-17-2005 90014 001 ***150.00 CORRAL SOUTH STORE 3, INC. Principal Place of Business Mailing Address 4101 EVANS AVENUE 4101 EVANS AVENUE FORT MYERS, FL 33901 US FORT MYERS, FL 33901 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05092005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0574298 Not Applicable Zip Country Zio 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 GREEN, BRUCE D Street Address (P.O. Box Number is Not Acceptable) 1520 ROYAL PALM SQUARE BLVD., #320 FORT MYERS, FL 33919 Zip Code City FL 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, broad or original page of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition BROWN, DAVID C NAME NAME 4048 EVANS AVE SUITE 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33901 CITY-ST-ZIP ☐ Delete ☐ Change TITLE THILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE □ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

DAVID (BROWN

ED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED