2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P95000023942** 04-26-2004 90539 018 ***150.00 JO DADDY'S INC. Principal Place of Business Mailing Address 3255 JUPITE BLVD, S E 3255 JUPITER BLVD S E PALM BAY, FL 32909 PALM BAY, FL 32909 US 2. Principal Place of Business 3. Mailing Address 3255 Jupiter Suite, Apt. #, etc. Suite, Apt. #. etc. 03252004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number City & State 59-3516347 Not Applicable 1-2x/m Country Zip Country Zip \$8.75 Additional 3<u>2409</u> 5. Certificate of Status Desired ASL Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ECK-GEORGE J JR.: Street Address (P.O. Box Number is Not Acceptable) 101 KYLE CT. NE PALM BAY, FL 32907 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** Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Đ M Addition TITLE Delete TITLE Change ECK, Teri A. NAME ECK, GEORGE J SR. NAME STREET ADDRESS 101 KYLE CRT NE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM BAY, FL 32907 PAIM BAY PL 32907 TITLE ☐ Delete TITLE ☐ Change **X** Addition Eck, Christopher J. 101 Kyle Cthe ECK, GEORGE J JR. NAME NAME STREET ADDRESS STREET ADDRESS 101 KYLE COURT NE CITY-ST-ZIP CITY-ST-ZIP PALM BAY, FL 32907 PAIN BAY, FL TITLE ☐ Delete TITLE ☐ Change **⊠** Addition eck, chad m ECK, MELISSA S NAME NAME 101 Kyle CENE STREET ADDRESS 101 KYLE COURT NE STREET ADDRESS CITY-ST-ZIP **PALM BAY, FL 32907** CITY-ST-ZIP 32907 BAY FL TITLE TITLE ☐ Delete ☐ 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 TITI F ☐ Change ☐ Addition NAME 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 acculate 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 of trustee empowered to expound 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 latter like empowered.

FILED

Date

Daytime Phone #