2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 15, 2004 8:00 am Secretary of State **DOCUMENT # P95000088477** 04-15-2004 90064 001 ***450.00 EBERT ENTERPRISES, INC. Mailing Address Principal Place of Business 19150 PARK PLACE BLVD 19150 PARK PLACE BLVD EUSTIS, FL 32736 EUSTIS. FL 32736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E034 (10/03) 04052004 City & State City & State 4. FEI Number Applied For 59-3153983 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EBERT, ROBERT E JR Street Address (P.O. Box Number is Not Acceptable) 19150 PARK PLACE BLVD. EUSTIS, FL 32736 City Zio Code 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 Fjorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \ After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TIT! F σ 9 □ enange ☐ Addition TITLE Ebert, Carol S. EBERT, CAROL S NAME NAME 19150 PARK Place BIVD. EUSTIS, Fl 32736 136 BAYTREE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAVARES, FL 32778 Delete Change ☐ Addition TITLE EBERT, Robert JR 19150 FARK Place BIVA EBERT, ROBERT JR NAME NAME STREET ADORESS 136 BAYTREE BLVD STREET ADDRESS CITY-ST-ZIP TAVARES, FL 32778 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CITY-ST-7/P TITLE ☐ De!ete TITLE ☐ Change ☐ Addition KAME 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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

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