## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 26, 2004 8:00 am Secretary of State

| 1. Entity Nam  | A CORPORATION OF BRA                  | •                                |                 |  | 01-26-2004 90062 0                                | 19 ***15                      | 50.00       |              |
|--|---------------------------------------|----------------------------------|-----------------|--|---|-------------------------------|-------------|--------------|
| Principal Place  | e of Business                         | Mailing Address                  | Mailing Address |  |   |                               |             |              |
| 1515 RINGLI  | NG BLVD                               | 1515 RINGLING BLVD               |                 |  |   |                               |             |              |
| STE 890<br>Sarasota, F   | L 34236 US                            | STE 890<br>Sarasota, FL 34236 US |                 |  |   |                               |             |              |
| SAMSOTA, I   | JAMAJUTA, IL JAZJU                    | TA, TE 34230 03                  |                 |  |   |                               |             |              |
| 2. Principal Pl  | lace of Business                      | 3. Mailing Address               |                 |  |   |                               |             |              |
| Suite, Apt. #, etc.  |                                       | Suite, Apt. #, etc.              |                 |  | 01142004  | CR2E0                         | 34,(10/03)  | ا حسند:      |
| City & State   |                                       | City & State                     |                 |  | 4. FEI Numb                                       |                               | <del></del> | plied For    |
| · Zip Country  |                                       | Zip                              | Country         |  |   | e of Status Desired           | \$8.75 Add  | litional     |
| 6. Name and Address of Current Registered Agent  |                                       |                                  |                 | 7. Name and Address of New Registered Agent        |   |                               |             |              |
| AVEDY 1  | OCEDIUL ID                            | Name                             |                 |  |   |                               |             |              |
| AVERY, JOSEPH H JR.<br>3500 EL CONQUISTADOR PKWY<br>#242   |                                       |                                  |                 | Street Address (P.O. Box Number is Not Acceptable) |   |                               |             |              |
| BRADENTON, FL 34210  |                                       |                                  |                 |  |   |                               |             |              |
|  | •                                     | City                             |                 | City   |   | FL                            | Zip Code    | e            |
| 8. The above named entity sugarity 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 A A A CONTINUE A CONTIN |                                       |                                  |                 |  |   |                               |             |              |
| Signature, typed of printed come of registered agent to bitle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |                                       |                                  |                 |  |   |                               |             |              |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   \$5.00 May Bo Added to Fees   |                                       |                                  |                 |  |   |                               |             |              |
| 10.  | OFFICERS AND DIRECTORS                |                                  |                 |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                               |             |              |
| TIPE   |                                       |                                  | TIπLI           | E  | ☐ Change ☐ Addition                               |                               |             |              |
| NAME<br>OFFICE LEDGE OF  | AVERY, JOSEPH H JR.                   |                                  |                 |  |   | ,                             |             |              |
| STREET ADDRESS<br>CITA-ST-ZIP  | · · · · · · · · · · · · · · · · · · · |                                  |                 | ET ADDRESS<br>-ST-ZIP                              |   | <del>-</del> .                |             | ,            |
| TITLE  | DIVIDENTAL OIL                        | ☐ Delete                         | TITLI           | <del></del>  |   |                               | ☐ Change    | Addition :   |
| NAME :   |                                       |                                  | NAM             | ì  |   |                               |             |              |
| STREET ADDRESS   |                                       |                                  |                 | ET ADORESS   |   |                               |             |              |
| CITY-ST-ZIP  |                                       |                                  |                 | - ST- ZIP  |   |                               |             |              |
| TITLE<br>NAME  |                                       | ☐ Delete                         | TITLI<br>NAM    |  |   |                               | ☐ Change    | ☐ Addition [ |
| STREET ADDRESS   |                                       |                                  |                 | EET ADDRESS  |   | ,                             |             |              |
| CITY-ST-ZIP  |                                       |                                  | CITY            | -ST-ZIP  |   |                               |             |              |
| TITLE  |                                       | ☐ Delete                         | TIπL            | 1  |   |                               | ☐ Change    | ☐ Addition   |
| NAME<br>STREET ADDRESS   |                                       |                                  | NAM             | ET ADDRESS   |   |                               |             | ه جه حي يي   |
| CITY-ST-ZIP  |                                       |                                  |                 | -ST-ZIP  | والأراث المالية                                   | والمنصفية والمنافية والمتابية | <b>,</b> .  | ,            |
| TITLE  |                                       | ☐ Delete                         | TITL            | E E  |   |                               | ☐ Change    | ☐ Addition   |
| NAME   |                                       |                                  | NAM             | IE.  |   |                               |             |              |
| STREET ADDRESS   |                                       |                                  |                 | EET ADDRESS  |   |                               |             |              |
| CITY-ST-ZIP  |                                       | ☐ Delete                         | TITL            | -ST-ZIP  |   |                               | Change      | ☐ Addition   |
| TITLE<br>NAME  |                                       | L_1 Delete                       | NAM             | <b>I</b>   |   |                               |             |              |
| STREET ADDRESS   |                                       | •                                |                 | EET ADDRESS  |   |                               |             |              |
| CITY-ST-ZIP  |                                       | OF THE OWNER.                    | 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 chapter or on an attachment with an address, with all other like empowered.  |                                       |                                  |                 |  |   |                               |             |              |

Joseph H. Averyth 01/21/04 (941) 753-7304
NING OFFICER DA DIRECTOR
Date DIRECTOR