2004 FOR PROFIT CORPORATION

May 03, 2004 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # P96000001739** 05-03-2004 91068 015 ***150.00 HARRIS - JORGENSEN, INC. Principal Place of Business Mailing Address 2706 SE SANTA BARBARA PLACE 622 S.W. 25TH STREET IINIT #1 CAPE CORAL, FL 33914 CAPE CORAL, FL 33904 % F 5 2 , , 94082986/ 5 F & 2. Principal Place of Business 3. Mailing Address 1400 N.E. 33rd Street Suite, Apt. #, etc. Suite, Apt. #, etc 04292004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Country USA Zip \$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 Name HARRIS, JOHN B 622 S.W. 26TH STREET 1400 N.E. 33 rd Street GARE CORAL, FL 33914 Cope Coral, Florida 33909 Street Address (P.O. Box Number is Not Acceptable) 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. (NOTE: Registered Agent signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change Addition HARRIS, JOHN B 622 S.W. 26TH STREET 1400 N. E 33 rd Street NAME NAME STREET ADDRESS STREET ADDRESS GAPE CORAL, FL 33914 Cope Coral, Fl. 33909 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-70P DILE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete THIE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

City-St-7iP

4-29-04 239-772-9939

FILED