2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 12, 2004 08:00 AM Secretary of State DOCUMENT # P96000905027 1. Entity Name G.L. PLUMMER C.P.A., P.A. Principal Place of Business Mailing Address 125 WEST MIAMI AVENUE 125 WEST MIAMI AVENUE SUITE A SUITE A VENICE, FL 34285 VENICE, FL 34285 DO NOT WRITE IN THIS SPACE 01052004 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 65-0633999 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PLUMMER, GORDON L 125 WEST MIAMI AVENUE IN THIS SPACE SUITE A VENICE, FL 34285 3. 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 ponted name of registered agent and title if applicable. DATE (NOTE: Recistered Apert signature required whon reinstraing) 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 OFFICERS AND DIRECTORS 10. DP TITLE PLUMMER, GORDON L NAME 125 WEST MIAMI AVENUE, SUITE A STREET ADDRESS CITY-ST-ZIP VENICE, FL BILE NAME STREET ADDRESS CATY-ST-ZIP क्रम ह DO NOT WRITE STREET ADDRESS City-51-29 IN THIS SPACE DDE NAME STREET ADDRESS CITY-ST-289 TITLE MARKE

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. If further certify that the information incleated on this report or supplemental report is trive 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED