2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P96000016469 07-08-2004 90094 048 ***150.00 A. JAMES CRANER, P.A. Mailing Address Principal Place of Business 940EU353 1501 E CONCORD ST 4 1501 E CONCORD ST ORLANDO, FL 32803 ORLANDO, FL 32803 3. Mailing Address 1217 E. Robinso 2. Principal Place of Business 12178. Robinson Suite, Apt. #, etc. Suite, Apt. #, etc. 07012004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 0-1 59-3358373 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32801 32701 ی، ن Fee Required 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent CRANER, A. JAMES Street Address (P.O. Box Number is Not Acceptable) 1501 E CONCORD ST ORLANDO, FL 32803. City Zip 50de 80 / 0-1 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 regis 6-30-04 ed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s, 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change ☐ Addition TITLE TITLE CRANER, A. JAMES NAME NAME **87 INTERLAKEN RD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32804 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TIT1 F ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with anyeddryss, with all other like empowered. 6-30-04 407.898-8880 SIGNATURE: SIGNING OFFICER OF DIRECTOR

FILED Jul 08, 2004 8:00 am A. James Craner, P.A.

Attorney and Counselor at Law

1217 E. Robinson St. Orlando, Florida 32801 Reply to: P.O. Box 536207 Orlando, FL 32853-6207 Trial Practice Phone (407)898-8880 Fax (407) 898-8810

July 1, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: A. James Craner, P.A.

To Whom It May Concern:

Please be advised we never received the prior notice regarding the enclosed filing. We changed accountants effective 2004, and we moved to a new location. Please note the information on your records for our new billing address.

Thank you for your time and attention. If you have any questions, please contact me.

Sincerely:

a. James craner

A. JAMES CRANER, ESQUIRE

AJC:jc | Enclosure