2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 10, 2004 8:00 am DOCUMENT # P96000016541 Secretary of State 1. Entity Name 02-10-2004 90028 025 ***158.75 **ALEXUS CORPORATION** Principal Place of Business Mailing Address 1111 LAKESHORÉ DRIVE 1111 LAKESHÓRE DRIVE **EUSTIS F** Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3364959 AVARE ORIBA Not Applicable Country \$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 HAZELTON, ROGER Y. 1111 LAKESHORE DRIVE EUSTIS FL 32726 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 agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) 150, FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE Detete TITLE Addition HAZELTON, BOGER Y NAME BAY LAGOON WA 1111 LAKESHORE DR A-5 STREET ADDRESS STREET ADDRESS EUSTIS FL 32776 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE - 🗔 Delète TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition 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 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 in changed, or on an attachment with an address, with all other like empowered.

G OFFICER OR DIRECTOR

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