2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004
Secretary of State

DOCUMENT# P96000019193

Entity Name: J. ARIENS & ASSOCIATES INC.

Current Principal Place of Business:

619 MADRID BLVD.
PUNTA GORDA, FL 33950

New Principal Place of Business:

5464 SEA EDGE DRIVE
PUNTA GORDA, FL 33950

Current Mailing Address:

619 MADRID BLVD.
PUNTA GORDA, FL 33950

New Mailing Address:

5464 SEA EDGE DRIVE
PUNTA GORDA, FL 33950

FEI Number: 65-0652299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARIENS, JEFF
619 MADRID BLVD
PUNTA GORDA, FL 33750 US

Name and Address of New Registered Agent:

ARIENS, JEFF
5464 SEA EDGE DRIVE
PUNTA GORDA, FL 33950 US

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.

SIGNATURE: 07/12/2004
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ARIENS, JEFF
Address: 619 MADRID BLVD.
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete
Name: ARIENS, JULIE
Address: 619 MADRID BLVD.
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete
Name: ARIENS, BETTE
Address: 619 MADRID BLVD.
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete
Name: RANSON, KATHERINE
Address: 619 MADRID BLVD.
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF ARIENS P 07/12/2004
Electronic Signature of Signing Officer or Director — Date