2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 22, 2004 8:00 am DOCUMENT # P96000019963 **Secretary of State** 03-22-2004 90089 001 ***150.00 O.M. VOIGTMANN, INC. Principal Place of Business Mailing Address 37815 HIGHWAY 54 W ZEPHYRHILLS FL 33542 37815 HIGHWAY 54 W ZEPHYRHILLS FL 33542 ANTIMOR 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3369372 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VOIGTMANN, MAYNARD E Street Address (P.O. Box Number is Not Acceptable) 37815 SR 54 ZEPHYRHILLS FL 33541-5427 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DP ☐ Delete TITLE Change Addition VOIGTMANN, MAYNARD E NAME NAME 7314 APPLEGATE DRIVE STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL CITY-ST-ZIP CITY-ST-ZIP D۷ TITLE □ Delete ☐ Change ☐ Addition VOIGTMANN, ORIS L NAME NAME 5227 TRAPNELL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DOVER FL 33527 CITY-ST-ZIP TITLE DS ☐ Delete ☐ Change ☐ Addition TITLE VOIGTMANN, ELIZABETH R NAME STREET ADDRESS 5227 TRAPNELL RD STREET ADDRESS CITY-ST-ZIP DOVER FL 33527 CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete ☐ Change ☐ Addition TITLE NAME 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 if changed, or on an attachment with an address, with all other like epipowered.

MAYNARD VOIGTMANN X3/17/2004

813-782-9567

FILED