2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2004 8:00 am Secretary of State **DOCUMENT # P96000022407** 1. Entity Name 03-31-2004 90024 045 ***150.00 GLORIA K. WEED, P.A. Principal Place of Business Mailing Address 302 10TH AVE. E 302 10TH AVE. E PALMETTO, FL 34221 US PALMETTO, FL 34221 US 2. Principal Place of Business Mailing Address 309 SNA Suite, Apt. #, etc. Suite, Apt. #, etc. 03162004 Chg-P CR2E034 (10/03) & State ADENTON City & State 4. FEI Number Applied For 65-0648505 Not Applicable Country USA 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 WEED, GLORIA K ess (P.O. Box Number is Not Acceptable) 302-10TH AVENUE EAST PALMETTO, FL 34221 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D Delete TITLE Change Addition WEED, GLORIA K WEED, GLORIA K. 309 SNAPDRAGON LOOP NAME NAME 302 10TH AVENUE EAST STREET ADDRESS STREET ADDRESS PALMETTO EL 34221 CITY-ST-ZIP CITY-ST-72P TITLE ☐ Delete TITI F Change ☐ Addition 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 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition T/T) F ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-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 empowered.

FILED