2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2004 8:00 am Secretary of State DOCUMENT # P96000040559 1. Entity Name 05-03-2004 91226 006 ***158.75 H.W. OTT & ASSOCIATES, INC. Principal Place of Business Mailing Address 1140 HOLLAND DRIVE 1140 HOLLAND DRIVE SUITE 18 BOCA RATON FL 33487 SUITE 18 BOCA RATON FL 33487 2. Principal Place of Business 3. Mailing Address 9762 87º 9762 87 PLACE SOUTH Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number BOYNTON BEACH 65-0674998 MOTHYOO Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required AZU 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRY W. OTT JR OTT, HARRY W JR Street Address (P.O. Box Number is Not Acceptable) 1140 HOLLAND DRIVE SUITE 18 PLACE SOUTH **BOCA RATON FL 33487** 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 (NOTE: Registered Agent signature required when reinstating) 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. TITE: Delete TITLE P/vP|T/S M Change ☐ Addition OTT, HARRY W JR NAME NAME OTT, HARRY W. JR 14005 VERONKA CT WEST PALM BEACH, FL 33414 14005 VERONICA COURT STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33414 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition OTT, KATHREEN A NAME NAME 14005 VERONICA COURT STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33414 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITI F TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE 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 eath; 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. HARRYW. OTT IN OY/29/04