2004 FOR PROFIT CORPORATION

SIGNATURE:

May 27, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P96000054494** 05-27-2004 90014 019 ***150 00 SUGAR BEACH MOTEL, INC. Principal Place of Business Mailing Address 24077182 16819 FRONT BEACH ROAD 2205-A GRANT AVE PANAMA CITY BEACH; FL 32413 PANAMA CITY, FL 32405 2. Principal Place of Business 3. Mailing Address 604 WOOD TRAIL 604 WOOD TRAIL Suite, Apt. #, etc. Suite, Apt. #, etc. 05182004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For PANAMA CITY, FL PANAMA CITY, FL 05-9338518 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32495 32405 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOLSOMBAKE, JIM HOLSOMBAKE, JIM Street Address (P.O. Box Number is Not Acceptable) 16819 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413 604 WOOD TRAIL Zip Code 32405 PANAMA CITY 8. The above named entity submits this eletement 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 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D ☐ Delete K Change ☐ Addition TITLE TITLE HOLSOMBAKE, JIM NAME NAME 604 WOOD TRAIL PANAMA CITY, FL STREET ADORESS 16819 FRONT BEACH ROAD STREET ADDRESS 32405 CITY-ST-ZIP PANAMA CITY BEACH, FL 32413 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 ADORESS COTY-ST-ZIP CITY-ST-ZIP 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 fields and the statement with an address, which all other fields are proported to the statement of the statement with an address, which all other fields are proported to the statement of the statement of the statement with an address, which are only the statement of the statement of

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