2004 FOR PROFIT CORPORATION

FILED Apr 12, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # P96000055606** 04-12-2004 90681 048 ***150.00 MARICAMP-PINE INVESTORS, INC. Principal Place of Business Mailing Address 1030 WEST INTERNATIONAL SPEEDWAY BLVD 1030 WEST INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 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 59-3388769 Not Applicable Zip Country Zip 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 Name LICHTIGMAN, CHARLES S Street Address (P.O. Box Number is Not Acceptable) 1030 WEST INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH FL 32114 Zip Code 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE ☐ Change Addition LICHTIGMAN, CHARLES S NAME NAME 1030 WEST INTERNATIONAL SPEEDWAY BLVD. STREET ADDRESS STREET ADDRESS CiTY-ST-7IP DAYTONA BEACH FL 32114 CITY-ST-ZIP Defete TITLE TITLE Change ☐ Addition NAME NEUBAUER, DAVID F NAME 1030 WEST INTERNATIONAL SPEEDWAY BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP TITLE Defete ☐ Change ☐ Addition NAME TOWER, DEVIN NAME STREET ADDRESS 1030 WEST INTERNATIONAL SPEEDWAY BLVD. = = STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DAYTONA BEACH FL 32114 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change

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.

NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CERIOR DIRECTOR

☐ Delete

☐ Change

Addition