2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: DOUGLAS
SIGNATURE AND TYPED OR F

Feb 06, 2004 8:00 am Secretary of State DOCUMENT # P96000059627 1. Entity Name 02-06-2004 90008 022 ***150.00 THE WRITE SHOP, INC. Principal Place of Business Mailing Address 2117 S US #1 · JUPITER FL 33477 US 2117 S US #1 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0687455 Not Applicable 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 JOHNSON-CLARK JOHNSON, NANCY G Street Address (P.O. Box Number is Not Acceptable) 2109 SOUTH US HWY #1 JUPITER FL 33477 Zip Code スタ*ソフフ* JUPITER 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. Nancy G DATE (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change Addition Delete NAME JOHNSON, NANCY G. NAME 2117 S.USE/ STREET ADDRESS 2100 SO US HWY 1-STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP ☐ Delete Change ■ Addition CLARK, DOUGLAS E NAME NAME 2117 5.05#1 2109 SO US HWY 1 STREET ADDRESS STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE 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 Delete 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-7IP 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