2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

SIGNATURE: _

May 04, 2004 8:00 am Secretary of State DOCUMENT # P96000079640 1. Entity Name 05-04-2004 90134 008 ***150.00 O.T.C. EQUITY INC. Principal Place of Business Mailing Address 12734 KENWOOD LANE P.O. BOX 159 FORT MYERS FL 33902-0159 #5 FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address 227 Sweist strar Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 65-0779525 CAPE COPAL Not Applicable 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 BARKER RICHARDS, BARKER, RICHARD S Street Address (P.O. Box Number is Not Acceptable) 12734 KENWOOD LANE 2275026155 FORT MYERS FL 33907 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 egistered agent. DIGGAM S, BALKOL SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PDVS** TITLE ☐ Addition 7M F ☐ Delete BRICEL AICHASS. BARKER, RICHARD S NAME 227 SW ZUTST CAR COLAL FL 33921 STREET ADDRESS 12734 KENWOOD LANE #5 STREET ADDRESS CITY-ST-7IP FORT MYERS FL 33907 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BALLIER RICHTUS S BARKER, RICHARD S NAME 12734 KENWOOD LANE #5 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33907 CITY-ST-ZIP CITY-ST-ZIP Change M Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Defete 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 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 advices, with all other like empowered.

PICETON S. BALLON 4/30/04 239 2350000
Daily Daily Daylone Phone #

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