2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004
Secretary of State

DOCUMENT# P97000007501

Entity Name: GOLDEN FLORIDA MANAGEMENT, INC.

Current Principal Place of Business:

1399 W STATE RD 434
LONGWOOD, FL 32750 US

New Principal Place of Business:

115 NORTH MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

1399 W STATE RD 434
LONGWOOD, FL 32750 US

New Mailing Address:

115 NORTH MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 59-3527248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURRAY, MICHAEL E
1399 WEST SR 434
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

MURRAY, MICHAEL E
115 NORTH MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE: 02/24/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SHANE MURRAY,
Address: 1399 W STATE RD 434
City-St-Zip: LONGWOOD, FL 32750

Title: CDM ( ) Delete
Name: MURRAY, MICHAEL
Address: 1399 WEST SR 434
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VCDM (X) Change ( ) Addition
Name: MURRAY, MICHAEL E
Address: 115 NORTH MAITLAND AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: P (X) Change ( ) Addition
Name: MURRAY, SHANE
Address: 115 NORTH MAITLAND AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E. MURRAY VP 02/24/2004
Electronic Signature of Signing Officer or Director — Date