2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

Villian T. Fassiter J. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 29, 2004 8:00 am **Secretary of State** DOCUMENT # P97000037864 1. Entity Name 01-29-2004 90022 046 ***150.00 FLORIDA PAULONIA GROWERS, INC. Principal Place of Business Mailing Address 720 N. OCEAN ST. JACKSONVILLE FL 32202 720 N. OCEAN ST. . . . / . . -0011NP JACKSONVILLE FL 32202 2. Principal Place of Business 1070C.R.315N. 3. Mailing Address 1070 C.R. 315 N. Same Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3453076 melrose, Fl. Melrose Not Applicable Zip 32666 Country \$8.75 Additional 5. Certificate of Status Desired USA 32666 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent William T. Lassifer Jr LASSITER, WILLIAM T JR 720 N OCEAN STREET Street Address (P.O. Box Number is Not Acceptable) 1070 C.R. 3/5 N. JACKSONVILLE FL 32202 City Melrose, 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. (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 10. · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **DPST** Change TITLE ☐ Delete DPST ☐ Addition Lassiter William T. Jr. 1070 C.R. 315 N. LASSITER, WILLIAM T JR NAME NAME STREET ADDRESS 720 N. OCEAN ST. STREET ADDRESS JACKSONVILLE FL 32202 CRY-ST-7IP CITY-ST-ZIP Melrose, Fl. 32666 TITLE ☐ Delete Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete ☐ Change Addition NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Delete TITLE Addition TITLE Change 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

FILED