2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 10, 2004 08:00 AM Secretary of State DOCUMENT # P97000066404 1. Entity Name M.M. PLASKOVE, INC. Mailing Address Principal Place of Business 10375 SAWPIT RD 10375 SAWPIT RD JACKSONVILLE FL 32226 JACKSONVILLE FL 32226 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 65-0778408 Not Applicable Country 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 KELLEY, BARB 10375 SAWPIT RD Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32226 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 Campalgn 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. ☐ Change Addition TITLE ☐ Delete TITLE UP0000045074 02/11/04-80045-019 150.00 KELLEY, BARB NAME MAME 10375 SAWPIT RD STREET ADDRESS STREET ADORESS JACKSONVILLE FL 32226 CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE Change Addition TITLE CURRY, JOYCE NAME NAME STREET ADDRESS 1150 SECRET LAKE LOOP STREET ADDRESS CITY-ST-ZIP LINCOLN CA 95648 CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY - ST - ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE 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

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

904-714-3800