2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # P97000066525** 1. Entity Name 04-18-2005 90573 012 ***150.00 RANGELEY PROPERTY MAINTENANCE, INC. Principal Place of Business Mailing Address 2367 NW 34TH AVE 2367 NW 34TH AVE OF WALLS I COCONUT CREEK, FL 33066 COCONUT CREEK, FL 33066 2. Principal Place of Business 49th 12232 NW Suite, Apt. #, etc. Suite, Apt. #, etc. 04072005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Dral 65-0773899 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 6. BAKER, SCOTT 2367 NW 34TH AVE Street Address (P.O. Box Number is Not Acceptable) COCONUT CREEK, FL 33066 NW 49th City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D mr ☐ Delete Change ☐ Addition BAKER, SLOTT NAME BAKER, SCOTT NAME STREET ADORESS 2367 NW 34TH AVE STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33066 CITY-ST-ZIF TITLE VP Delete TITLE BAKER, GLENN NAME NAME STREET ADDRESS 2367 NW 34TH AVE STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33066 CITY-ST-ZIP TITLE ☐ Delete 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 TITLE ☐ Chance ☐ Addition 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 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 4/15/05

FILED