2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2004 8:00 am Secretary of State DOCUMENT # P97000079719 05-03-2004 91215 014 ***150 00 1. Entity Name LAFFKO, INC. Principal Place of Business Mailing Address **₩IUUUIU**1 12700 METRO PKWY 12700 METRO PKWY STE 3 STE 3 FT MYERS, FL 33912 US FT MYERS, FL 33912 2. Principal Place of Business 3. Mailing Address 21212 WAYMouth Run 21212 WAYMOUTH Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 CR2E034 (10/03) Cho-P City & State ES TERES City & State ESTERO Applied For 4. FEI Number FL 65-0781039 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33928 33928 IEE LEE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lour des PRICE, LOURDES C Street Address (P.O. Box Number is Not Acceptable) 12700 METRO PARKWAY #3 WAYMouth FORT MYERS, FL 33912 City ESTERO 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 4-30-04 Signature, typed or printed name of registered agent and trie 4 applicable (NOTE: Registered Agent signature required when reinstaing) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, PRICE LOURDES C. Ctrange 🔲 Addition TITLE ☐ Delete TITLE PRICE, LOURDES C NAME NAME WAYMOUTH RUN 21212 STREET ADDRESS 12700 METRO PARKWAY #3 STREET ADDRESS ESTERO FL 33928 CITY-ST-7IP CITY-ST-ZP FORT MYERS, FL 33912 TITLE ☐ Delete TITLE Change ☐ Addition PRICE PREDERICE 21212 Way Mouth Run 33928 NAME PRICE, FREDERICK T NAME STREET ADDRESS 12700 MERTO PARKWAY #3 STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 COY-ST-ZIP TITLE ☐ Addition THE ☐ Delete ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CCTY-ST-ZIP TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition DTLE ☐ Celete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS 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 altachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED