2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Secretary of State 02-23-2004 90036 037 ***150.00 **DOCUMENT # P98000001003** ROBERT FLOYD ENTERPRISES, INC. RICHIUEE Mailing Address Principal Piace of Business 10 BLOSSOM WAY 10 BLOSSOM WAY PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business 3. Mailing Address P.O. Box P.O. Box 2163 Suite, Apt. #, etc. Suite, Apt. #, etc 01282004 Cha-P CR2E034 (10/03) Applied For Pain Beach, Th 4. FEI Number City & State 65-0803248 Not Applicable Paint Beach \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Maria Floyd FLOYD, MARIA Street Address (P.O. Box Number is Not Acceptable) 10 BLOSSOM WAY PALM BEACH, FL 33480 100 North Flagger Promenade W. Palm Beach 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ____ Addition ☐ Delete TITLE TITLE 106 north Plagle Promenale NAME FLOYD, ROBERT NAME STREET ADDRESS 10 BLOSSOM WAY STREET ADDRESS W. Palm Brack Il 33405 CITY-ST-ZIP PALM BEACH, FL 33480 ☐ Addition ☐ Delete TITLE VP TITLE FLOYD, MARIA NAME NAME STREET ADDRESS 10 BLOSSOM WAY STREET ADDRESS PALM BEACH, FL-33480 CITY-ST-ZIP CITY-ST-ZIP ST. Delete ☐ Change TITLE RANDOLPH, BLAKE C NAME NAME STREET ADDRESS 1360 POST-OAK BLVD., SUITE 1900 HOUSTON, TX-77056 STREET ADDRESS CITY-ST-ZIP 'CITY-ST_ZIP . . ; Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS -- CITY - ST-ZIP---CITY-ST-ZIP---Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 this tee 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.

G OFFICER OR DIRECTOR

AME OF SIGN

SIGNATURE AND TYPED OR PRINTED

FILED Feb 23, 2004 8:00 am