2005 FOR PROFIT CORPORATION

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Jan 10, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P98000017965** 01-10-2005 90048 050 ***158.75 MAYPORT ORCHID TRACE, INC. Principal Place of Business Mailing Address CUUULLUL 645 MAYPORT RD 645 MAYPORT RD ST 3A ST 3A ATLANTIC BEACH, FL 32233 ATLANTIC BEACH, FL 32233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 CR2E034 (10/03) Chg-P City & State City & State 4. FFI Number Applied For 59-3495482 Not Applicable Zip Ζiρ Country Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALLIGOOD, BOB Street Address (P.O. Box Number is Not Acceptable) 13698 BROMLER PT DR. JCKSONVILLE, FL 32225 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change ☐ Addition ☐ Delete TITLE TITLE ALLIGOOD, BOB NAME NAME 13698 BROMLEY POINT DRIVE STREET ADDRESS STREET ADORESS JACKSONVILLE, FL 32225 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME 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 ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied indicated on this report or supplemental led with this filing does not qualify of the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information feport 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 see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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