2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # P98000018408** 04-19-2004 90325 010 ***150.00 ONE MORE YARD, INCORPORATED Principal Place of Business Mailing Address 74040403 1747 NEW HOPE ROAD 1301 W. GARDEN ST. GULF BREEZE, FL 32561 PENSACOLA, FL 32501-4504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132004 CR2E034 (10/03) Chg-P City & State 4. FEI Number City & State Applied For 59-3502039 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 BASS AND SANDFORT ACCOUNTANTS Street Address (P.O. Box Number is Not Acceptable) 1301 WEST GARDENT STREET PENSACOLA, FL 32501 Zio 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. Fam familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typical or printed reason of registorest egent each title if applicable (NOTE: Registered Agent signature required when reinstakes) DATE 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Centribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 1151 F ☐ Delete TITLE ☐ Addition ☐ Change NAME FLOWERS, MICHAEL NAME STREET ACCRESS 1747 NEW HOPE ROAD STREET ACCRESS CHY-ST- 7/P CHY-ST-78 GULF BREEZE, FL 32561 Delete Change Addition TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST- ZIP CITY- ST-ZIP HILE Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-799 TITLE Delete TiTi F ☐ Change ☐ Addition MAME MALSE STREET ADDRESS STREET ADDRESS CHY-\$1-299 CHY-\$1-282 HHE ☐ Delete HHE Addition Chance N/ME NAME STREET ADDRESS STREET ADDRESS CHY-50-762 CITY-ST-209 12. Thereby 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