2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

Feb 25, 2004 8:00 am Secretary of State DOCUMENT # P98000018547 1. Entity Name 02-25-2004 90052 036 ***150.00 THE LAVANDER CORP. Principal Place of Business Mailing Address 1173 COMMERCE AVE 1173 COMMERCE AVE VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address <u>1525</u> CR2E034 (11/03) City & State 4. FEI Number Applied For 65-0821879 & 00 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAVANDER, C. MARTIN Street Address (P.O. Box Number is Not Acceptable) 1173 COMMERCE AVE. VERO BEACH FL 32960 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 age (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Delete TITLE ☐ Addition TITI F Lavander, Martin c. NAME LAVANDER, MARTIN NAME 1525 10th Are Vero Beach, FL STREET ADDRESS 1173 COMMERCE AVE STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP CITY-ST-7IP TITLE 🗶 Delete TITLE Wilson Richard WILSON, RICHARD NAME NAME 1525 10th Ave STREET ADDRESS 1173 COMMERCE AVE STREET ADDRESS Vero Beach FL 32960 CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 with an add

Richard Wilson 2-4-04

FILED