2004 FOR PROFIT CORPORATION

FILED Sep 08, 2004 8:00 am Secretary of State

ANNUAL REPORT

DOCUMENT # P98000037794 09-08-2004 90116 027 ***150.00 JOHANNE M. COUTURE, P.A. Principal Place of Business Mailing Address 54071895 800 MEADOWLAND DR. 800 MEADOWLAND DR. NAPLES, FL 34108 NAPLES, FL 34108 Principal Place of Business Mailing Addres 08312004 CR2E034 (10/03) Chg-P 4. FEI Number Applied Fo **NOT APPLICABLE** Not Applic \$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 Name COUTURE, JOHANNE M Street Address (P.O. Box Number is Not Acceptable) 800 MEADOWLAND DR. APT#G NAPLES, FL 34108 Zip 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. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and rite it appricable. (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., th Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change IIILE HITLE ☐ Delete COUTURE, JOHANNE M NAME NAME 800 MEADOWLAND DR., APT G STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES: FL 34108 CITY-S1-ZIP MUE ☐ Delete HILE ☐ Change □ Ad NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-S1-7P Change ☐ Ad THE ☐ Detete HIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-St-7P CELY-ST-ZIP IIILE ☐ Delete TOUR ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Delete THIF [] Ad TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Ad NAME NAME

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 informati 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 directly 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

Thanno M. Cutur, P.A.

STREET ADDRESS

City-St-ZIP