2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P98000066786** 1. Entity Name 04-29-2004 90251 047 ***150.00 **ROUSON & BRUMLEY, P.A.** Principal Place of Business Mailing Address 3110 1ST AVENUE N., STE 5W 3110 1ST AVENUE N., STE 5W **94072634** ST PETERSBURG, FL 33713 ST PETERSBURG, FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3590361 Not Applicable Zip Zip 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 ROUSON, DARRYL E -Street Address (P.O. Box Number is Not Acceptable) 3110 1ST AVENUE N., STE 5W ST PETERSBURG, FL 33713 City 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 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change Addition ROUSON, DARRYL E NAME NAME STREET ADDRESS 3110 1ST AVENUE N., STE 5W STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33713 CITY-ST-ZIP VΡ VP, 📢 TITLE Change TITLE Detete OMAR BRUMLEY SVITE SW NAME FELTON-DUDLEY, TAMARA NAME STREET ADDRESS 3110 1ST AVENUE N., STE 5W STREET ADDRESS CRY-ST-7P ST PETERSBURG, FL 33713 CITY-ST-7IP 1-1 TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change - — ☐ Addition MARKE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIT) F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 address , with all other like empowered.

Cour

INTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED