2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attach

SIGNATURE:

Aug 12, 2004 8:00 am Secretary of State DOCUMENT # P98000084887 08-12-2004 90005 026 ***550.00 1. Entity Name MAITLAND REALTY COMPANY Principal Place of Business Mailing Address 51 OAKLEIGH LANE P.O. BOX 940605 MAITLAND, FL 32799-0605 US MAITLAND, FL 32751 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 07022004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For 59-3536745 Not Applicable Country Zip Country \$8.75 Additional 32794-060S 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALHOUN, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 51 OAKLEIGH LANE MAITLAND, FL 32751 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 FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME CALHOUN, MICHAEL D NAME 1352 W. LAKe Colony DR 51-OAKLEIGH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 filling 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

raelD.Calhoun

with all other like empowered.

FILED