2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

FILED DOCUMENT # P98000090436 Jan 09, 2004 08:00 AM 1. Entity Name ROBERT S. THURLOW, P.A. Secretary of State Principal Place of Business Mailing Address 415 CANAL ST. 415 CANAL ST. NEW SMYRNA BEACH, FL 32168-7009 NEW SMYRNA BEACH, FL 32168-7009 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3538728 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE THURLOW, ROBERT S 415 CANAL ST. NEW SMYRNA BEACH, FL 32168-7009 IN THIS SPACE 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 Election Campaign Financing \$5.00 May Be File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TIME THURLOW, ROBERT S NAME STREET ABORESS 2504 BELMONT AVE. NEW SMYRNA BEACH, FL 32168 C(TY-ST-21P TITLE NAME STREET ADDRESS 01/09/04-80030-004 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP MARKE STREET ADDRESS CITY-ST-ZIP... BIRE NAME STREET ADDRESS

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 property 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 attacking it with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR