2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

SIGNATURE:

FILED DOCUMENT # P98000099589 1. Entity Name PROVIDENCE RESERVE II, INC. 04 APR -5 PH 2:47 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA POST OFFICE BOX 4961 800 N. HIGHLAND AVENUE, STE. 200 ORLANDO, FL 32803 ORLANDO, FL 32802-4961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #_etc. Suite, Apt. #, etc. CR2E034 (10/03) 02182004 Chg-P City & State 4. FEI Number City & State Not Applicable 59-3544557 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE **SUITE 1100** ORLANDO, FL 32801 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. 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. VP ☐ Change ☐ Addition TITLE Delete TITLE TUTTLE, MILLS L NAME NAME 000033090440 800 N. HIGHLAND AVENUE, STE, 200 STREET ADDRESS STREET ADDRESS 04/19/04--01062--004 **150.00 CITY-ST-ZIF ORLANDO, FL 32803 CITY-ST-ZIP TITLE **VPAS** ☐ Delete TITLE ☐ Change Addition NAME MCKINNEY, JOSEPH E NAME 800 N. HIGHLAND AVENUE, STE. 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-7IP TITLE **VPAT** ☐ Change ☐ Addition ☐ Delete TITLE LAWLER, THOMAS P NAME NAME STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP **VPT** ☐ Change Addition TITLE ☐ Delete TITLE NAME WILLNER, DAVID M NAME STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-ZIP VPC TITLE ☐ Delete ☐ Change Addition TITLE NAME PEISNER, ERIC NAME STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 CITY-ST-7IP TITLE ☐ Change ■ Addition ☐ Delete TITLE KROPP, STEVEN G NAME NAME STREET ADDRESS 800 N. HIGHLAND AVENUE, STE. 200 STREET ADDRESS ORLANDO, FL 32803 CITY-ST-ZIP CITY-ST-ZIP 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

OR DIRECTO

22/04 409- 297-1600 Date Dayline Phone #