2004 FOR PROFIT CORPORATION. **ANNUAL REPORT (AR)**

Apr 23, 2004 8:00 am Secretary of State DOCUMENT # P99000067327 1. Entity Name 04-23-2004 90273 030 ***150.00 HIS DAYS, INC. Principal Place of Business Mailing Address 1182 TAMIAMI TRAIL, UNIT E 1182 TAMIAMI TRAIL, UNIT E 94062661 MURDOCK FL 33948 MURDOCK FL 33948 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-3589441 Not Applicable 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 Name GUY, DONALD L Street Address (P.O. Box Number is Not Acceptable) 1182 TAMIAMI TRAIL, UNIT E MURDOCK FL 33948 Ţ City Zip Code FI 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. me of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEEIS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE Delete TITLE ☐ Change ☐ Addition GUY, DONALD L NAME NAMÉ STREET ADDRESS 6040 TAMIAMI TRAIL N #1 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME GUY, CATHERINE M NAME STREET ADDRESS STREET ADDRESS 6040 TAMIAMI TRAIL N #1 NAPLES FL 34108 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME 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 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

FILED

SIGNATURE: DONALD L. GUY 04-20-2004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

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