2004 FOR PROFIT CORPORATION

SIGNATURE:

FILED May 03, 2004 8:00 am ANNUAL REPORT (AR) Secretary of State DOCUMENT # P99000070950 1. Entity Name 05-03-2004 90739 011 ***150.00 PROGREEN OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 14475 CYPRESS TRACE CT FT MYERS FL 33919 14475 CYPRESS TRACE CT FT MYERS FL 33919 Suite. Act. #. etc. MOORE CR2E034 (11/03) Applied For 4. FEI Number 65-0942139 Not Applicable \$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 DIETZ, PHILIP G II Street Address (P.O. Box Number is Not Acceptable) 14475 CYPRESS TRACE CT FT MYERS FL 33919 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Addition 11446 Lake Cupress Loop DIETZ, PHILIP G II NAME STREET ADDRESS 14475 CYPRESS TRACE CT STREET ADDRESS Fr Myens Fr 33913 FT MYERS FL 33919 CITY - ST- 7IP CITY-ST-ZIP 11446 Lake Cyprus, Loop Change TITLE ☐ Defete TITLE Addition DIETZ, LORI S NAME NAME STREET ADDRESS 14475 CYPRESS TRACE CT STREET ADDRESS FT MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition 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.