2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # P99000088991 1. Entity Name 04-18-2005 90275 032 ***150.00 KATJOY PROPERTIES, INC. Principal Place of Business Mailing Address 2400 SE COUNTY RD. 21B PO BOX 1730 MELROSE FL 32666-MELROSE FL 32666 2. Principal Place of Business 3. Mailing Address First Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number 59-3597316 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ather Henrierson HENDERSON, KATHY Street Address (P.O. Box Number is Not Acceptable) -2400 SE COUNTY RD, 21B MELROSE FL 32666 First Auc. Zip Code 32137 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. After May 1, 2005 Fee Will Be \$550.00 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete TITLE TITLE HENDERSON, KATHY NAME NAME 9 First Ave. 2400 SE COUNTY RD, 21B STREET ADDRESS STRFET ADDRESS CITY-ST-7/P MELROSE FL 32666 CiTY-ST-7iP TITLE ☐ Defete TITLE DOBBS, JOYCE NAME NAME 2400 SE COUNTY RD. 21B STREET ADDRESS STREET ADDRESS Palm Coast FL MELROSE FL 32666 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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

as President of

FILED

352-2647990

386-446-6097