2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 23, 2004 08:00 AM Secretary of State **DOCUMENT # P99000097065** 1. Entity Name C C & O WETZEL, INC. Principal Place of Business Mailing Address 11861 HAMPTON GREENS DR 11861 HAMPTON GREENS DR FORT MYERS, FL 33913 FORT MYERS, FL 33913 03152004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0958322 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WETZEL, GREGORY W DO NOT WRITE 11861 HAMPTON GREENS DR FORT MYERS, FL 33913 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) U000000094605 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 03/23/04-80003-013 150.00 \Box After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE WETZEL, GREGORY W NAME 11861 HAMPTON GREENS DR STREET ADDRESS CITY - ST - ZIP FORT MYERS, FL 33913 TITLE. WETZEL, CLAUDINE W STREET ADDRESS 11861 HAMPTON GREENS DR CHTY-ST-ZIP FORT MYERS, FL 33913 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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 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.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

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