2004 FOR PROFIT CORPORATION

Apr 26, 2004 8:00 am Secretary of State ANNUAL REPORT 04-26-2004 90491 035 ***150.00 **DOCUMENT # P99000110095** MILLER-CERCY, INC. 91160016 Principal Place of Business Mailing Address 2361 BRIDGETTE WAY 2361 BRIDGETTE WAY GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 32043 2. Principal Place of Business 3. Mailing Address Suite Apt. #. etc. Suite, Apt. #, etc. 04052004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 59-3616082 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, GARY A Street Address (P.O. Box Number is Not Acceptable) 2361 BRIDGETT WAY GREEN COVE SPRINGS, FL 32043 City Zip Code FL 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 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D ☐ Delete TITLE ☐ Change Addition TITLE NAME Miller, Karen MILLER, GARY A NAME 2361 Bridgette Way 2361 BRIDGETT WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 CITY-ST-ZIP Green Cove Springs Delete TITLE ☐ Change ☐ Addition TITLE CERCY, JUNE T NAME NAME STREET ADDRESS 2361 BRIDGETT WAY STREET ADDRESS CITY - ST-ZIP GREEN COVE SPRINGS, FL 32043 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | Addition NAMÈ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 people 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 adwith all other like empowered.

CITY - ST- ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR P TED NAME OF SIGNING OFF ER OR DIRECTOR

FILED