2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # \$56838 1. Entity Name ROBERT P. MCDONNELL & ASSOCIATES, INC. Mailing Address Principal Place of Business 525 SHADOW LAKES BLVD. 525 SHADOW LAKES BLVD. ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 59-3069750 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDONNELL, ROBERT P. 525 SHADOW LAKES BLVD. Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32174 City Zip Code 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, lyped or printed name of registered agent and tiffe if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition HILE PTD ☐ Delete Ditt Change MCDONNELL, ROBERT P. NAME NAME STREET ADDRESS 525 SHADOW LAKES BLVD STREET ADDRESS CHY-SI-ZIP CITY ST-ZIP ORMOND BEACH FL Change ☐ Addition TITLE Delete TIME U00000317153 □ Change 04/20/05-80007-007 150.00 NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change 11/16 DILLE NAME NAME STREET ADDRESS STREET ADDRESS 01Y-51-7/P CITY-ST-ZIP Change Addition Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7/P Change ☐ Addition THE Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-IP CITY-ST-ZIP Change TOTAL ☐ Addition ☐ Delete 1/116 NAME NAME SURFEIL ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP

12. Thereby 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.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/05 Date

Daytime Phone #