2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 13, 2004 08:00 AM Secretary of State **DOCUMENT # V66602** SCHEEL INVESTMENTS, INC. Principal Place of Business Mailing Address 114 SE FIRST ST 114 SE FIRST ST STE 9 GAINESVILLE, FL 32601 GAINESVILLE, FL 32601 07122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3148829 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FISHMAN, ALAN DO NOT WRITE 114 SE FIRST ST STE 9 IN THIS SPACE 3. 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. \Box Due by September 8, 2004 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME FISHMAN, ALAN U000001165905 07/13/04-80001-004 150.00 STREET ADDRESS 114 SE FIRST ST #9 CETY-ST-ZIP GAINESVILLE, FL TITLE NAARE STREET ADDRESS CSTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP स्माह IN THIS SPACE STREET ADDRESS CRY-ST-ZIP TITLE HAME STREET ADDRESS 25-78-YFI3

12. Thereby 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 afonature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the peedings or trustee empowered to execute this people 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 as address, with all other life-empowered.

SIGNATURE:

NAME STREET ADDRESS CXY+ ST-ZIP

SIGNATURE AND THESE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-04 352 373-8200

FILED