2005 FOR PROFIT CORPORATION ANNUAL REPORT.

## May 16, 2005 8:00 am Secretary of State **DOCUMENT # P04000160742** 05-16-2005 90203 027 \*\*\*150.00 ELITÉ VINYL PRODUCTS OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 50052674 13810 SUTTON PARK BLVD. N., UNIT 919 13810 SUTTON PARK BLVD, N., UNIT 919 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 2. Principal Place of Business 3. Mailing Address 9110 GAIVESTON 9110 GAINESTON AUE Suite, Apt. #, etc. Suite, Apt. #, etc 04132005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For ACKSONUILLS 20-1945646 Not Applicable MCKSOWULL Country \$8.75 Additional 5. Certificate of Status Desired DUVAL 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Recive Murph 4 Street Address (P.O. Box Number is Not Acceptable) MURPHY, TERRENCE 13810 SUTTON PARK BLVD. N., UNIT 919 JACKSONVILLE, FL 32224 3948 ST. Couth Thurd 105 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. Mus SIGNATURE -> NOTE: Registered Agent signatura required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TERRENCE MURPHY Change 3948 316 57, South unt 105 2 Delete TITLE TITLE MURPHY, TERRENCE NAME NAME 13810 SUTTON PARK BLVD, N., UNIT 919 STREET ADDRESS STREET ADDRESS VACKSONVILLE BEACH, FL CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE, FL 32224 Sean murphy 13810 Sarron Pork Blud Delete TITLE TITLE MURPHY, SEAN P. NAME NAME STREET ADDRESS STREET ADDRESS 2169 FROUDE STREET CITY-ST-ZIP SAN DIEGO, CA 92107 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

ING OFFICER OR DIRECTOR

FILED

Daytime Phone #