2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 222627

1. Entity Name
EXHIBIT BUILDERS, INC.

Principal Place of Business	Mailing Address
150 WILDWOOD RD. DELAND, FL 32720-1620	150 WILDWOOD RD. DELAND, FL 32720-1620

DO NOT WRITE IN THIS SPACE

02262004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-0865203	Applied For
	Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORFORD, PENNY D
150 WILDWOOD RD
DELAND, FL 32720

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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 _____   DATE

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000105573
U4/U7/U4-80031-008 158.75

10. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	MORFORD, PENNY D
STREET ADDRESS	14 AUTUMNWOOD TRAIL
CITY-ST-ZIP	DELAND, FL 32724

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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IN THIS SPACE

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 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: _Penny D. Morford_   4-5-04   386-734-3196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #