2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 01, 2006 8:00 am Secretary of State DOCUMENT # 277141 05-01-2006 90303 002 ***150.00 FEASEL PAINT & GLASS CO Principal Place of Business Mailing Address P O DRAWER 1420 P O DRAWER 1420 DELAND FL 32721-1420 DELAND FL 32721-1420 2. Principal Place of Business 3. Mailing Address 247 NUDDOMANS BLU 247 NIWEDSLAND 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 59-1030744 DEZAND ELAND Not Applicable Country Country Zìo Zip \$8.75 Additional 5. Certificate of Status Desired 32720 45R USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---GREGORY, H.P. 535 FOREST CREEK RUN Street Address (P.O. Box Number is Not Acceptable) **DELEON SPRINGS FL 32130** 332 W. MINNESOTA 8. The above named entity submits this statement for the purpose of enanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Defete TITLE TITLE Change ☐ Addition MICHAEL & WOOSLEY NAME GREGORY, HP NAME 332 W. MINUESOTA AVE STREET ADDRESS 535 FOREST CREEK RUN STREET ADDRESS C!TY-ST-ZIP DELEON SPRINGS FL CITY-ST-ZIP DELAND 32720 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME -MIKITTA, JAMES C STREET ADDRESS STREET ADDRESS 2024 OLD NEW YORK AVENUE CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 Pelete TITE F Change Addition TITLE JUSAN WOOSEET NAME NAME GREGORY, L. V. 332 CD. MINUESDIA AVE STREET ADDRESS STREET ADDRESS 2266 LAKE HIRES ROAD CITY-ST-ZIP CITY-ST-ZIP DELAND DELEON SPRINGS FL FL 32720 ☐ Detete 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 TITLE Delete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

FILED

LICHAEL B. WODSLEY 1/20/06 SIGNATURE