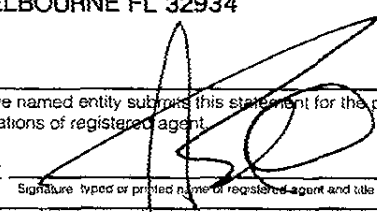
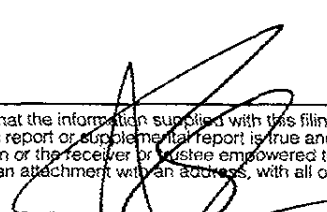


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 611707 1. Entity Name SCHULL BUILDERS, INC.																													
Principal Place of Business 3588 N. HARBOR CITY BLVD MELBOURNE FL 32935 US			Mailing Address 3588 N. HARBOR CITY BLVD MELBOURNE FL 32935 US																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	4. FEI Number 59-2058453 ☐ Applied For ☐ Not Applicable																										
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent SCHULL, GARY W. 3939 ST. ARMENS CY MELBOURNE FL 32934			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
B. 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  (NOTE: Registered Agent signature required when reinstating)																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>SCHULL, GARY W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3939 ST. ARMENS CT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MELBOURNE FL 32934</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	NAME	☐ Delete	NAME	SCHULL, GARY W		STREET ADDRESS	3939 ST. ARMENS CT		CITY - ST - ZIP	MELBOURNE FL 32934		TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 fee empowered.																													
SIGNATURE:  GARY Schull 4/1/04 3212534444																													