2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005
Secretary of State

DOCUMENT# H71153

Entity Name: SCAFFOLD-JAX, INC.

Current Principal Place of Business:

2922 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 322074149

New Principal Place of Business:

Current Mailing Address:

15450 S OUTER HWY 40
STE 270
CHESTERFIELD, MO 63017

New Mailing Address:

FEI Number: 59-2561427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 32324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCGEE, JAMES M
Address: 10389 AIRLINE HWY
City-St-Zip: SAINT ROSE, LA 70087

Title: S ( ) Delete
Name: COURT, BRUCE J
Address: 15450 S OUTER HWY 40 STE 270
City-St-Zip: CHESTERFIELD, MO 63017

Title: ASD ( ) Delete
Name: EDWARDS, RAYMOND L
Address: 15450 S OUTER HWY 40 STE 270
City-St-Zip: CHESTERFIELD, MO 63017

Title: VPT ( ) Delete
Name: PETERSON, JEFFREY W
Address: 15450 S OUTER HWY 40 STE 270
City-St-Zip: CHESTERFIELD, MO 63017

Title: D ( ) Delete
Name: ROBINSON, SCOTT M
Address: 1830 JASMINE
City-St-Zip: PASADENA, TX 77503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAYMOND L. EDWARDS ASD 03/28/2005

Electronic Signature of Signing Officer or Director — Date