2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2004 8:00 am Secretary of State DOCUMENT # H72507 05-03-2004 91250 012 ***150.00 1. Entity Name EXTERIOR HOMEWORKS, INC. Principal Place of Business Mailing Address 94083456 1965 OAKHURST AVE. WINTER PARK FL 32792 1965 OAKHURST AVE. WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE 4. FEI Number City & State City & State Applied For 59-2569921 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REDIG, JAMES P. Street Address (P.O. Box Number is Not Acceptable) 1965 ÓAKHURST AVE. WINTER PARK FL 32792 Zip Code 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 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 11. ☐ Delete ☐ Change Addition TITLE TITLE REDIG, JAMES P. NAME NAME STREET ADDRESS 1965 OAKHURST AVE STREET ADDRESS WINTER PARK FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 11 in changed, or on an attach es P. REDIG 4/28/04 756.9021

SIGNATU