

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90003 018 ***150.00

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| DOCUMENT # J81194 |  |
| 1. Entity Name EXTERM-A-TECH, INC. | |

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| Principal Place of Business % BILLY E. SHELTON 3555 CENTRAL AVENUE ST. PETERSBURG FL 33713-8405 US | Mailing Address % BILLY E. SHELTON 3555 CENTRAL AVENUE ST. PETERSBURG FL 33713-5405 |
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| 2. Principal Place of Business 3521 - 1st AVE NORTH | 3. Mailing Address 3521 - 1st AVE NORTH |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State ST PETERSBURG FL | City & State ST PETERSBURG FL |
|---|---|

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|---------------------|----------------------------|---------------------|----------------------------|
| Zip 33713 | Country Pinellas | Zip 33713 | Country Pinellas |
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| 6. Name and Address of Current Registered Agent SHELTON, BILLY E. 3535 CENTRAL AVE- ST PETERSBURG FL 33713 | | 7. Name and Address of New Registered Agent Name SHELTON, BILLY E Street Address (P.O. Box Number is Not Acceptable) 3521 - 1st AVENUE NORTH ST PETERSBURG FL City ST PETERSBURG FL Zip Code 33713 | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHELTON, BILLY E. 3555 CENTRAL AVE SAINT PETERSBURG FL 33713 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHELTON, BILLY E 4670 - 38th AVE NORTH ST PETERSBURG FL 33713 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SHELTON, SHARON L. 3555 CENTRAL AVE SAINT PETERSBURG FL 33713 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD SHELTON, SHARON L P O BOX 60212 ST PETERSBURG FL 33784-0212 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SHELTON, STEPHEN E. 4357 14TH WAY NE SAINT PETERSBURG FL 33703 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: SHARON L SHELTON *Sharon L Shelton* 2/06/04 (727) 327-3635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #