

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # J81194 1. Entity Name EXTERM-A-TECH, INC.					
Principal Place of Business 3521 1ST AVE NORTH ST. PETERSBURG, FL 33713-8405 US			Mailing Address 3521 1ST AVE NORTH ST. PETERSBURG, FL 33713-8405 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip 3371308401	Country	Zip 33713-8401	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHELTON, BILLY E. 3521 1ST AVE. N. ST PETERSBURG, FL 33713			Name Sharon L Shelton Street Address (P.O. Box Number is Not Acceptable) 4670 - 38th AVENUE NORTH City St Petersburg FL 33713-1019		
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 (Sharon L Shelton) 1/04/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHELTON, BILLY E. <input checked="" type="checkbox"/> Delete 4670 38TH AVE N. SAINT PETERSBURG, FL 33713		TITLE NAME STREET ADDRESS CITY-ST-ZIP	01/10/05-80002-010-150-00 Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHELTON, SHARON L. <input type="checkbox"/> Delete PO BOX 60212 SAINT PETERSBURG, FL 33784		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-S-T-D Sharon L Shelton <input type="checkbox"/> Change <input type="checkbox"/> Addition 4670 - 38th AVENUE NORTH St Petersburg FL 33713-1019	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHELTON, STEPHEN E. <input type="checkbox"/> Delete 4357 14TH WAY NE SAINT PETERSBURG, FL 33703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-S-D Stephen E Shelton <input type="checkbox"/> Change <input type="checkbox"/> Addition 4357 - 14th WAY NE St Petersburg FL 33703	
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)			1/04/05 727-327-3635		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date DayTime Phone #</small>		