

FILED
Apr 14, 2003 8:00 am
Secretary of State

0061954 AV

| DOCUMENT # P00000034088 | | | | Secretary of State | |
|---|--|---------|---|--|--|
| 1. Entity Name KENNY PHILLIPS PAINTING & CARPENTRY, INC. | | | | 04-14-2003 90033 048 ***150.00 | |
| Principal Place of Business 120 PRISCILLA LANE FT. WALTON BEACH FL 32547 | | | | Mailing Address 120 PRISCILLA LANE FT. WALTON BEACH FL 32547 | |
| 2. Principal Place of Business | | | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | |
| City & State | | | | City & State | |
| Zip | | Country | | 4. FEI Number 59-3636722 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PHILLIPS, KENNETH 120 PRISCILLA LANE FT. WALTON BEACH FL 32547 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP S PHILLIPS, KIM 120 PRISCILLA DRIVE FT. WALTON BEACH FL 32547 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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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 like empowered. | | | | | |
| SIGNATURE: _____ 4-10-03 850-2441-6387 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |