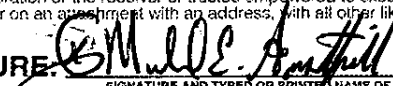


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 OCT -5 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000038239 1. Entity Name GASTFIELD DRYWALL TEXTURES INC.					
Principal Place of Business 1810 COBBLE LANE MT. DORA, FL 32757			Mailing Address 1810 COBBLE LANE MT. DORA, FL 32757		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3639656	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GASTFIELD, MICHAEL 1810 COBBLE LANE MT. DORA, FL 32757				7. Name and Address of New Registered Agent 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 renewing) DATE _____					
Amended AR is \$61.25			9. Election Campaign Financing, Trust Fund Contribution. ☐ \$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	P GASTFIELD, MICHAEL 1810 COBBLE LANE MOUNT DORA, FL 32757	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director/Officer Carson, Derek 1810 Cobble Lane Mt Dora FL 32757
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/O OSHAUGHNESSY, JOHN R JR 671 W ROSEWOOD LANE TAVARES, FL 32778	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 700041639897 10/06/04--01030--017 **\$61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/O BOWLING, NATHANIEL J 34626 ESTES ROAD EUSTIS, FL 32736	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 			President		
09/28/04			1-888-669-4547		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		