2004 FOR PROFIT CORPORATION

SIGNATURE:

Mar 22, 2004 8:00 am **Secretary of State** ANNUAL REPORT **DOCUMENT # P00000098720** 03-22-2004 90067 047 ***150.00 1. Entity Name TEXAS TARP & LINER, INC. Principal Place of Business Mailing Address 24026254 2951 SE DOMINICA TERRACE 2951 SE DOMINICA TERRACE STUART, FL 34997 STUART, FL 34997 2. Pincipal Place of Business 3. Mailing Address 3353 Gran Park Way 3353 Gran Park Way Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/03) 01062004 Chg-P Applied For City & State Stuart 4. FFI Number Stuart FLFL 65-1048059 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34997 ÚS 34997 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUNGEY, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 1100 S FEDERAL HWY STUART, FL 34994 City 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D ☐ Delete **A** Change Addition TITLE TITEF CIFERRI, MICHAEL F NAME NAME 1010 CHAPMAN WAY STREET ADDRESS STREET ADDRESS PALM CITY, FL 34990 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITI F TITLE S D CIFERRI, RENEE NAME NAME 1010 CHAPMAN WAY STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM CITY, FL 34990 Change ☐ Delete ☐ Addition TITLE TITLE Hooks, Michael HOOKS, MICHAEL NAME NAME 3353 Gran Park Way 266 COMMERCIAL DRIVE STREET ADDRESS STREET ADDRESS BUDA, TX 78610 CITY-ST-ZIP CITY-ST-ZIP Stuart, FL 34997 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it 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 monowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental record the corporation or the receiver a trusple. changed, or on an attachr th all other like empowered.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED