2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 23, 2004 8:00 am Secretary of State DOCUMENT # P01000015933 08-23-2004 90021 017 ***158.75 1. Entity Name HENRY'S CARPENTRY, INC. Principal Place of Business Mailing Address **24000033** 3550 POCAHONTAS DR. 3550 POCAHONTAS DR. LARGO, FL 33774 LARGO, FL 33774 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07312004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3713064 Not Applicable Country Zip __ _Country ___ Zip . \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENRY, ISAAC 3550 POCAHONTAS DR. LARGO, FL 33774 8. The above named entity submits this statement for the purpose of changing its registered office of ent, or both, in the State of Florida. I am familiar with, and accept Signature, typed or printed name of registered agent and title it applicable / (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE Delete TITLE ☐ Addition NAME HENRY, ISAAC NAME bohtas DR STREET AND STREET ADDRESS 3550 POCAHONTAS DR LARGO, FL 33774 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HENRY, BRENDA NAME MAME STREET ADDRESS 3550 POCAHONTAS DRIVE STREET ADDRESS CITY-ST-ZIP LARGO, FL 33774 CITY-ST-ZIP NAME 5 Delete TITLE PHILLIPS, ROBERT NAME STREET ADDRESS 3550 POCAHONTAS DRIVE STREET ADDRESS CITY-ST-ZIP LARGO, FL 33774 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7/2 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.

FILED