2004 FOR PROFIT CORPORATION

FILED May 03, 2004 08:00 AN ANNUAL REPORT **Secretary of State** DOCUMENT # P01000030496 HIEBERT FINE WOOD, INC. Principal Place of Business Mailing Address 384 OLD DIXIE HWY 4890 61 CIR VERO BEACH, FL 32967 VERO BEACH, FL 32967 04292004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1090514 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HIEBERT, GERALD R DO NOT WRITE 4890 61 CIR VERO BEACH, FL 32967 IN THIS SPACE 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 tipe if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HIEBERT, GERALD R NAME STREET ADDRESS 4890 61 CR CITY-ST-ZIP VERO BEACH, FL 32967 U00000149426 TITLE 05/03/04-80186-005 150.00 HIEBERT, MICHELLE L MAME STREET ADDRESS 4890 61 CIR CITY-ST-ZIP VERO BEACH, FL 32967 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-78 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(1), 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.

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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/04

Hickert