

# **2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000003456

**FILED**  
**Dec 16, 2004**  
**Secretary of State**

**Entity Name:** BUDDY AND DILLION TEXTURE SPRAY, INC.

**Current Principal Place of Business:**

1835 SOUTH BOUGH AVE., #4  
CLEARWATER, FL 33760

**New Principal Place of Business:**

5200 87TH TERRACE NORTH  
PINELLAS PARK, FL 33786

**Current Mailing Address:**

1835 SOUTH BOUGH AVE., #4  
CLEARWATER, FL 33760

**New Mailing Address:**

5200 87TH TERRACE NORTH  
PINELLAS PARK, FL 33786

**FEI Number:** 59-3294879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TREMBLAY, JEFFREY  
1835 SOUTH BAUGH AVE., #4  
CLEARWATER, FL 33760 US

**Name and Address of New Registered Agent:**

TREMBLAY, JEFFREY  
5200 87TH TERRACE NORTH  
PINELLAS PARK, FL 33786 US

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.

SIGNATURE: JEFFREY TREMBLAY

12/16/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DUVALL, CHARLES  
Address: 1835 BOUGH AVE., #4  
City-St-Zip: CLEARWATER, FL 33760

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DUVALL, CHARLES  
Address: 5200 87TH TERRACE NORTH  
City-St-Zip: PINELLAS PARK, FL 33786

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES DUVALL

MR.

12/16/2004

Electronic Signature of Signing Officer or Director

Date