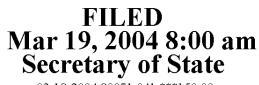
2004 FOR PROFIT CORPORATION ANNUAL REPORT

CLIMENT # PO2000008087



DOCUMENT # P0200008987 1. Entity Name SOUDER CARPENTRY, INC.						03-19-2004 90071 041 ***150.00			
Principal Place of Business		Mailing Address	Mailing Address		7		94095000	i	
11 RUSSMAN DR		11 RUSSMAN DR					24025809	,	
PALM COAST, FL 32164		PALM COAST, FL 32164							
				1 18811881 111	1110 11215 WENT BYIN 1				
		1 A A4-11 A	A Mailing Address		_				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		1 1 1 1 1 1 1 1 1 1	11:1 USA 11:11 LANA 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262004	Chg-P	CR2E034 (10/03)			
				02202004	Olig-i	· · ·			
City & State		City & State		4. FEI Number			plied For		
7 Country		Zio Countr			80-0032314 Not Applicable \$8.75 Additional				
Zip Country		Zip	p Country		5. Certificate of	of Status Desired	Fee Require		
	6. Name and Address of Curren	nt Registered Agent			7. Name and	Address of New	Registered Agent		
				Name					
SOUDER, DAVID H			Street Address (P.O. Box Number is Not Acceptable)						
11 RUSSMAN DR PALM COAST, FL 32164				Silest Address (1.0. Dox Normach 13 Trot) (Cooperato)					
4 ALM COACT, TE 32104									
			City FL Zip Code						
The above named entity submits this statement for the purpose of changing its registerer.				d office or regist	torod appart or both	in the State of		and accort	
	named entity submits this statement ions of registered agent.	for the purpose of changing i	is registere	ed office of regist	tered agent, or bott	i, ai the State of	FIORGA, FAITTAITINA: WILL,	and accept	
SIGNATURE_	Signature, typed or printed name of registered age	nt and title if applicable. (NC	OTE: Registered	d Agent signature requi	ired when reinstating)		DATE .		
							Market 1		
FILE NOWIN FEE IS \$150.00 9. Election Campaign Financing					5.00 May Be				
After Ma	ay 1, 2004 Fee will be \$550	7.00 Trust Fund Co	ntribution.	☐ Ā	dded to Fees				
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/	CHANGES TO C	FFICERS AND DIRECTOR	S IN 11	
TITLE	P Delete 1		TITLE	Ę			☐ Change	☐ Addition	
NAME	1 0000 = 1,0000		NAM	I .					
STREET ADDRESS 11 RUSSMAN DR			STR						
CITY-ST-ZIP	Them contor, re-delor			-ST-ZIP			Change	["] Addition	
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE	E			☐ Change	Addition	
NAME			NAM	E	-				
STREET ADDRESS			1	EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE	☐ Delete		TITLI	i			☐ Change	Addition	
NAME			NAM						
STREET ADDRESS				EET ADDRESS '-ST-ZIP					
CITY-ST-ZIP		□ Delete	TITL				☐ Change	Addition	
TITLE			NAM				cange		
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	r-ST-ZIP					
TITLE		☐ Delete	TITL	E			☐ Change	☐ Addition	
NAME		-	NAM						
a meet rabbilities			EET ADDRESS						
CITY-ST-ZIP	1		CITY	r-ST-ZIP					

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: \

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR