2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P02000017767 1. Entity Name 04-21-2004 90071 011 ***150.00 DEAS CUSTOM WOOD FENCES INC. Principal Place of Business Mailing Address 12505 BOERSMA RD PO BOX 15584 · 1000 FOUNTAIN FL 32438 PANAMA CITY FL 32406 2. Principal Place of Business 3. Mailing Address 1506 CHANDLEE Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3742379 Not Applicable Zip Country \$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 DALE DEAS, DALE S 3108 E. BALDWIN RD. PANAMA CITY FL 32405 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 edistered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEAS, DALE S NAME STREET ADDRESS 12505 BOERSMA RD STREET ADDRESS CITY-ST-ZIP FOUNTAIN FL 32438 CITY-ST-ZIP TITLE **VSD** ☐ Delete TITLE Change Addition DEAS, JOSHUA NAME DEAS, JOSHUA A NAME 18505 BOERSMA STREET ADDRESS 4440 VISTA LN. STREET ADDRESS CITY-ST-ZIP LYNN HAVEN FL 32444 CITY-ST-ZIP FOUNTAIN FL TITLE ☐ Delete._ ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-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.

04.110.04

FILED