2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 30, 2005 08:00 AM Secretary of State DOCUMENT # P02000023755 1. Entity Name EBERSOLE AND SON, INC. Principal Place of Business Mailing Address 1072 TARA VISTA DRIVE SARASOTA FL 34232 1072 TARA VISTA DRIVE SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #. etc. 2nd MOORE CR2E034 (5/05) Applied For City & State 4. FEI Number City & State 02-0558594 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUSINESS FILINGS INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE FL 32301-2960 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, typad or pirriled name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition Delete HDE THE 1(00000377397 08/30/05-80002-005 150.00 EBERSOLE, ELMER MAME NAMA 1072 TARA VISTA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP Change ☐ Addition Hitt ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS City-St Zie LHY-ST-ZIP THE ☐ Delete ☐ Change ☐ Addition NAM NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP Clir-S1-ZIP [Change ☐ Addition Delete DHE TELL NAME STREET ADDRESS TIPEEL APORESS CITY.ST. 7P CHY-ST-ZIP ☐ Change ☐ Addition ☐ Delete Dice NAME MANAE STREET ADOPESS STREET ADDRESS CITY-ST-ZIP CITY SI- AP DEE ☐ Change ☐ Addition ☐ Delete THE NAME DIRECT ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP

12. Thereby 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.

ELMER EBERSOLE

SIGNATURE: _

August 23, 2005

941-371-0730

FILED