

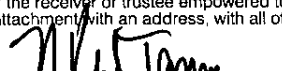


**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

54009824

<b>DOCUMENT # P02000037418</b>				02-23-2004 90042 027 ***150.00	
1. Entity Name DIVISION 6400 MILLWORK, INC.					
Principal Place of Business 2796 CLYDO RD. JACKSONVILLE, FL 32207		Mailing Address 2796 CLYDO RD. JACKSONVILLE, FL 32207		34009824	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02172004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 81-0547825	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TANNER, NORMAN K 2796 CLYDE ROAD JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete			Change Addition		
VPD CHRISTIE, FREDERICK W 2937 NORTH 1ST STREET SAINT AUGUSTINE, FL 32084			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
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:  N KEITH TANNER 2/20/04 730-6794					
Date Daytime Phone #					