2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 15, 2004 8:00 am Secretary of State **DOCUMENT # P02000050734** 1. Entity Name 01-15-2004 90009 047 ***150.00 ANDREW DANIELS CUSTOM CARPENTRY, INC. Mailing Address Principal Place of Business 1318 FLAMINGO BLVD. 1318 FLAMINGO BLVD. PORT CHARLOTTE, FL 33953 PORT CHARLOTTE, FL 33953 2. Principal Place of Business 316 Center Rd 3. Mailing Address 316 Center Rd Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (10/03) 01082004 Chg-P Applied For 4. FEI Number City & State City & State 74-3043223 Not Applicable Jenice Venice Country \$8.75 Additional Country 5. Certificate of Status Desired USA 4285 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'BRIEN, SUSAN M **5777 BENEVA ROAD SOUTH** SARASOTA, FL 34233 City enice 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) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Fittancing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition Delete TITLE **PSTD** TITLE DANIELS, ANDREW R NAME NAME 316 Center Rd. STREET ADDRESS 1318 FLAMINGO BLVD. STREET ADDRESS CITY-ST-ZIT PORT CHARLOTTE, FL 33953 CATY-ST-ZIP Change Addition ☐ Delete TIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE ITHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TÜLF me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change ☐ Delete TITLE шЕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-7IP Change Addition ☐ Delete TOLE TILLE NAME NAME STREET ADDRESS STREET ADDRESS CSTY-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 supply mental report is true and account any another 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 trustile 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 impowered. SIGNATURE:

THE NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED