2004 FOR PROFIT CORPORATION ANNUAL REPORT

-FILED-
04 NOV 22 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000063984

1. Entity Name
SOWERS ACRYLIC SERVICES, INC.

Principal Place of Business	Mailing Address
13228 SPRING HILL DR. SPRING HILL, FL 34609	158 PLANTER ROAD SPRING HILL, FL 34606

09/13/04 90008 038 $150.00
02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3049486
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOWERS, CHRISTI-ANN
158 PLANTER ROAD
SPRING HILL, FL 34606

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SOWERS, CHRISTI-ANN
STREET ADDRESS	158 PLANTER ROAD
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	V
NAME	SOWERS, THOMAS R
STREET ADDRESS	158 PLANTER ROAD
CITY-ST-ZIP	SPRING HILL, FL 34606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800042900398
11/19/04--01043--022 **400.00

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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: Christi Ann Sowers Aug 15 04 352-684-5543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #