2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P02000073883 01-12-2004 90018 039 ***150 00 G.L. CLARK DRYWALL & PLASTER, INC. Principal Place of Business Mailing Address P.O. BOX 299 1320 DEER PATH DRIVE 24001310 OSTEEN, FL 32764 OSTEEN, FL 32764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 01-0730680 Not Applicable Zip Country Žio 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 CLARK, GEORGE C Street Address (P.O. Box Number is Not Acceptable) 1320 DEER PATH DRIVE **DSTEEN, FL 32764** Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT Addition TITLE Delete TITLE GEORGE C. CLARK ☐ Change CLARK, GEORGE C NAME NAME 1320 DEER PATH DR. 1320 DEER PATH DRIVE STREET ADDRESS STREET ADDRESS OSTEEN, FL. 32764 CITY-ST-ZIP OSTEEN, FL 32764 CITY-ST-ZIP VICE - PRESIDENT Delete TITLE TITLE ☐ Change 4 Addition GEORGE C. CLARK NAME NAME 1320 DEER PATH DR. STREET ADDRESS STREET ADDRESS SECTY -TREAS. CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change GEORGE C. CLARK 1320 DEER PATH DR. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OSTEEN, FL.32764 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Channe NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

GEORGE C. CLARK, PRES. 1/1/04

FILED Jan 12, 2004 8:00 am