

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000079819

Entity Name: OLD PRO CEILINGS, INC.

FILED  
Apr 12, 2004  
Secretary of State

## Current Principal Place of Business:

7080 43 ST N  
PINELLAS PARK, FL 33781

## New Principal Place of Business:

## Current Mailing Address:

7080 43 ST N  
PINELLAS PARK, FL 33781

## New Mailing Address:

FEI Number: 04-3714720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORGAN, THOMAS  
7080 43 ST N  
PINELLAS PARK, FL 33781 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MORGAN, THOMAS  
Address: 7080 43RD ST NO  
City-St-Zip: PINELLAS PARK, FL 33781

Title: V ( ) Delete  
Name: MORGAN, CAROL  
Address: 7080 43RD ST NO  
City-St-Zip: PINELLAS PARK, FL 33781

Title: S ( ) Delete  
Name: SWAILS, MELISSA  
Address: 7080 43RD ST NO  
City-St-Zip: PINELLAS PARK, FL 33781

Title: T ( ) Delete  
Name: MORGAN, MICHEAL  
Address: 7080 43RD ST. NO  
City-St-Zip: PINELLAS PARK, FL 33781

Title: D (X) Delete  
Name: MORGAN, MATTEW  
Address: 7080 43RD ST. NO  
City-St-Zip: PINELLAS PARK, FL 33781

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MORGAN

P

04/12/2004

Electronic Signature of Signing Officer or Director

Date