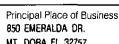
## FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90120 042 \*\*\*150.00

1. Entity Name

BILL PORTER PLASTERING, INC.



Mailing Address 850 EMERALDA DR.

MT. DORA FL 32757

HIT. DOTALTE	oz. g,	MI. DORN IE OZIGI					
2. Principal Place of Business 50 Eneral Eneral			d Dr.	T THE FLOOR THE BEHING HADAR BEHING BEHING BEHANG BANGA FARMA BARAA			
Suite, Apt. #, etc.			4	CHECK HERE IF MAKING CHANGES			
Mity & Stat	DOLA, FLORIDA	City & State	ra Fla	4. FEI Number 043184	, ⊢ <del>. -``</del>	plied For Applicable	
32-75	7 WSA	3 <sup>Zip</sup> 2757	Country	5. Certificate of Status Desired	\$8.75 Addi		
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registers	ed Agent		
PORTER, WILLIAM E - 850 EMERALDA DR.			Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)			
MT. DORA	A FL 32757		City	· · · · · · · · · · · · · · · · · · ·	Zip Code	•	
	named entity submits this statement for itions of registered agent.  Signature, typed or printed name of registered agent ar	a Voter	egistered office or registe	ered agent, or both, in the State of Florida. I a	am familiar with, a	and accept	
After	ILE NOW!!! FEE IS \$150.00 r. May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State	. •••	9. Election Campaign Financing. Trust Fund Contribution.	☐ Added	May Be to Fees	
10.	OFFICERS AND E	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Porter, William E 850 Emeralda dr. Mt. Dora Fl. 32757	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	00/07/7600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARPENTER, JOHN P. 850 EMERALDA DR. MT. DORA FL 32757	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	Ċ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PORTER, WILLIAM I 850 EMERALDA DR. MT. DORA FL 32757	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition	Ξ.
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	-	☐ 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 ampowered to execute this eport 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 appears, with all other like empowared.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03

367-383-126