

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90046 004 \*\*\*158.75

<b>DOCUMENT # P02000134307</b> 1. Entity Name <b>EXCEPTIONAL EXTERIORS, INC.</b>					
Principal Place of Business <b>27 E ALDER AVENUE FORT WALTON BEACH, FL 32547</b>			Mailing Address <b>PO BOX 5296 NICEVILLE, FL 32578</b>		
2. Principal Place of Business <b>426 Heritage Way</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Ft. Walton Bch FL</b>		City & State		4. FEI Number <b>33-1043433</b>	
Zip <b>32547</b>		Country		Applied For Not Applicable	
Zip <b>32547</b>		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GROVES, WILLIAM 27 E ALDER AVENUE FORT WALTON BEACH, FL 32547</b>			7. Name and Address of New Registered Agent Name <b>William Groves</b> Street Address (P.O. Box Number is Not Acceptable) <b>426 Heritage Way</b> City <b>Ft Walton Bch FL</b> Zip Code <b>32547</b>		
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 <u>William Groves, President</u> DATE <u>1/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROVES, WILLIAM 27 E ALDER AVENUE FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Groves, William 426 Heritage Way Ft Walton Bch FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Groves, William 426 Heritage Way Ft Walton Bch FL 32547	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Groves, William 426 Heritage Way Ft Walton Bch FL 32547	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Groves, William 426 Heritage Way Ft Walton Bch FL 32547	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>William Groves</u> DATE <u>1/26/05</u> 850-897-1419 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					