

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000028875

FILED
Mar 09, 2005
Secretary of State

Entity Name: EXTEND ALL SCAFFOLD INC.

Current Principal Place of Business:

27840 INDUSTRIAL STREET
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

27840 INDUSTRIAL STREET
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 57-1165863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICI, JAMES R ESQ.
C/O COX & NICI
1185 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 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: DS () Delete
Name: ROY, MIKE
Address: 27840 INDUSTRIAL STREET
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DP () Delete
Name: CLINCH, FLOYD
Address: 12585 E. TERRY STREET
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DT () Delete
Name: JUNE, BOB
Address: 5970 WESTPORT LANE
City-St-Zip: NAPLES, FL 34116 US

Title: DV () Delete
Name: MOSES, JAMES
Address: 12585 E TERRY STREET
City-St-Zip: BONITA SPRINGS, FL 34135 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: CLINCH, FLOYD
Address: 27840 INDUSTRIAL STREET
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DT (X) Change () Addition
Name: JUNE, BOB
Address: 27840 INDUSTRIAL STREET
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DV (X) Change () Addition
Name: MOSES, JAMES
Address: 27840 INDUSTRIAL STREET
City-St-Zip: BONITA SPRINGS, FL 34135 US

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: FLOYD CLINCH

P

03/09/2005

Electronic Signature of Signing Officer or Director

Date