2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P03000034717 04-29-2004 90338 031 ***150.00 1. Entity Name GULF SHORE REBAR, INC. Principal Place of Business Mailing Address P.O: BOX 1066 P.O. BOX 1066 N. MYRTLE BEAACH, SC 29598 N. MYRTLE BEAACH, SC 29598 Beach Beach 2. Principal Place of Business 3. Mailing Address 3046 Emory Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For 68-0548664 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired HORRY Fee Required POWELL RICHARD HESQ 92 EGLIN PARKWAY FORT WALTON BEACH, FL 32548 City Zin Code Value of the 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ે}0. ↓ OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Mire 💥 🏃 ☐ Delete TITLE ☐ Addition FINNISON, ROBERT D NAME NAME P.O. BOX 1066 STREET ADDRESS STREET ADDRESS N. MYRTLE BEACH, SC 29598 CITY-ST-ZIP CITY-ST-ZIP VP SIT VP ☐ Delete TITLE Change Addition THOMPSON, ANDREA E NAME ANDRE E. Thompson STREET ADORESS P.O. BOX-1066 STREET ADDRESS 3046 Emory Rd CITY-ST-ZIP N. MYRTLE BEACH, SC 29598 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change # Addition NAME NAME Donna N. Thompson STREET ADDRESS STREET ADDRESS 3046 Emory Rd CITY-ST-ZIP CITY-ST-ZIP Murtle Beach SC 29577 Delete TITLE ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP

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: 1

Donna NThompson

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