## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 10, 2004 8:00 am Secretary of State DOCUMENT # P03000042065 02-10-2004 90011 032 \*\*\*150.00 ACCURATE METALS & DRYWALL, INC. Principal Place of Business Mailing Address 2422 FRANKLIN DR 2422 FRANKLIN DR KISSIMMEE FL 34744 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number 550828875 Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CLARKE, DANIEL G Street Address (P.O. Box Number is Not Acceptable) 2422 FRANKLIN DR KISSIMMEE FL 34744 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Defete TITLE TITLE Addition CLARKE, DANIEL G NAME NAME STREET ADDRESS 2422 FRANKLIN DR STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-ZIP C,P ☐ Change Delete TITLE ☐ Addition TITLE CLARKE, DANIEL G NAME NAME STREET ADDRESS STREET ADDRESS 2422 FRANKLIN DR CITY-ST-ZIP KISSIMMEE FL 34744 CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME CLARKE, DANIEL G -NAME STREET ADDRESS STREET ADDRESS 2422 FRANKLIN DR CITY-ST-7IP CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Detete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED