## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 02, 2006 8:00 am Secretary of State 05-02-2006 90165 006 \*\*\*150.00 DOCUMENT # P03000054154 DENNIS POPPELL PLASTERING INC. 40078006 Principal Place of Business Mailing Address 5745-59THAVE. 4545 575 COURT 5745 59TH AVE. 4545 512 COURT VERO BEACH, FL 32967 VERO BEACH, FL 32967 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262006 CR2E034 (11/05) Cha-P City & State Applied For City & State 4. FEI Number 75-3113994 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POPPELL, JAMIE D 5745 59TH AVE. 4545 57 生 Cour Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32967 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition POPPELL, JAMIE D NAME NAME 5715 50 THAVE 4545 515 COURT STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32967 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition POPPELL, DENNIS NAME NAME 3745 59TH AVE 4545 57 5# COUNT STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32967 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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

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