2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000064493

Entity Name: PITMAN SIDING INC.

FILED Dec 06, 2004 Secretary of State

Current Principal Place of Business: 192 PIXIE CIRCLE CRAWFORDVILLE, FL 32327			New Principal Place of Business:		
Current Mailing Address: 192 PIXIE CIRCLE			New Mailing Address:		
CRAWFOF	83-0361104 FE		umber Not Applicable()	Certificate of Status Desired ()	
Name and	Address of Curre	nt Registered Agent:	Name and Address of I	Name and Address of New Registered Agent:	
PITMAN, PAGE 192 PIXIE CIRCLE CRAWFORDVILLE, FL 32327 US					
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:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () Delet PITMAN, PAGE 192 PIXIE CIRCLE CRAWFORDVILLE, F		Title: (Name: Address: City-St-Zip:) Change()Addition	
Title: Name: Address: City-St-Zip:	TD () Delet SAVAGE, CHARLIE PO BOX 535 PANACEA, FL 32346		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () Delet WELCH, TODD 71 WILDLIFE LN. CRAWFORDVILLE, F		Title: (Name: Address: City-St-Zip:) Change ()Addition	

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: PAGE PITMAN PD 12/06/2004