2004 FOR PROFIT CORPORA ANNUAL REPORT

Apr 06, 2004 8:00 am Secretary of State **DOCUMENT # P03000105532** 03-12-2004 90023 049 ***150.00 LONNIE & ROBBIN AULTMAN INTERIORS, INC. Principal Place of Business Mailing Address °PO BOX 137 PO BOX 137 66409917 HOMELAND, FL 33847 HOMELAND, FL 33847 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Numbe Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. AULTMAN, ROBBIN Street Address (P.O. Box Number is Not Acceptable) --489 OLD BARTOW RD والمراج والمناه المتحجم والمحا HOMELAND, FL 33847 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 trie if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. 🚋 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME AULTMAN, LONNIE NAME STREET ADDRESS **PO BOX 137** STREET ADDRESS CITY-ST-ZIP HOMELAND, FL 33847 CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition AULTMAN, ROBBIN NAME NAME STREET ADDRESS **PO BOX 137** STREET ADDRESS HOMELAND, FL 33847 CITY-ST-ZIP COY-ST-7IP ☐ Defete Chance TITLE ☐ Addition NAME NAME ' STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP---TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZVP CITY-ST-ZIP TITLÉ Delete TITLE

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12. I hereby certify that the information supplied with this liling 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 Chepter 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.

STREET ADDRESS

CITY-ST-7IP

NAME

SIGNATURE:

The sale and all

1 :

NAME"

STREET ADORESS

CITY-ST-ZIP*

dukt-man 3-10-04

Change

Addition |