2005 FOR PROFIT CORPORATION
____ANNUAL REPORT (AR)

SIGNATURE Land

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 16, 2005 08:00 AM Secretary of State DOCUMENT # P03000110050 LARRY PRUGAR PLASTER & STUCCO, INC. Principal Place of Business Mailing Address 1748 JACOBS RD. SOUTH DAYTONA FL 32119 1748 JACOBS RD. SOUTH DAYTONA FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 56-2402106 Not Applicable Zlp Zip 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 PRUGAR, LARRY Street Address (P.O. Box Number is Not Acceptable) 1748 JACOBS RD SOUTH DAYTONA FL 32119 Zip Code FL 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 little if applicable [NOTE Registered Agent signature required when reinstating] DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 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 11. TITLE Detete TITLE Change Addition PRUGAR, LARRY NAME NAME STREET ADDRESS 1748 JACOBS RD STREET ADDRESS SOUTH DAYTONA FL 32119 CITY-ST-ZIP CITY-ST-Zif TITLE Delete GTLE ☐ Change ☐ Addition U00000264542 03/16/05-80020-007 150.00 STREET ADDRESS SUBJECT ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE Change Addition NAME NAME STREFT ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete HILE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete It It F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-SE-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 finat 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

Larry S. Prugar #3-14-05