2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 13, 2004 8:00 am Secretary of State **DOCUMENT # P03000115819** 01-13-2004 90025 018 ***150.00 LUTHER CASTLE DRYWALL SERVICES, INC Principal Place of Business Mailing Address 3582 EUNICE RD 3582 EUNICE RD JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 05-0589750 Not Applicable 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 O'NEILL, KAREN B Street Address (P.O. Box Number is Not Acceptable) 1009 21ST ST N JACKSONVILLE BEACH, FL 32250 City 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 title 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 \$5\$0.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PVST** Addition TITLE ☐ Delete TITLE ☐ Change CASTLE LUTHER NAME MAME STREET ADDRESS 3582 EUNICE RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ■ Addition CASTLE, LUTHER NAME NAME STREET ADDRESS STREET ADDRESS 3582 EUNICE RD CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete 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 TITLE ☐ Detete TOTUE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7tP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

G OFFICER OR DIRECTOR

FILED

Daytime Phone #