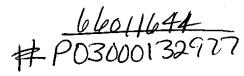
2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000132977 04-05-2006 90158 041 ***150.00 DIY ENTERPRISES, INC. Principal Place of Business Mailing Address 1439 NOLAND ROAD 1439 NOLAND ROAD MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For APPLIED FOR 05-0591317 | Applied For APPLIED FOR 05-0591317 | Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPHEN E. TILLEY, CPA Street Address (P.O. Box Number is Not Acceptable) 4465 BAYMEADOWS RD., STE.3 JACKSONVILLE, FL 32217 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. Signiture, typed or preted name of registered agent and title if applicable. (NOTE: Registered Agent agreeture required when reinstaling) DATE \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 10. · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE C Celete TITLE MAG ZEIGLER, VICTOR R II NAME STREET ADDRESS 1439 NOLAND ROAD STREET ADDRESS CITY-ST-ZP MIDDLEBURG, FL 32068 CTY-SI-AP TITLE Ochete TITLE ☐ Change ☐ Addition NUE NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CTY-ST-ZP TIRE Oelete TITLE Change Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-SI-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition WE STREET ADDRESS STREET ADORESS CTY-ST-2P CITY-ST-ZP MLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-S1-ZP TILE ☐ October TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 12. Thereby certify that the information supplied with this filing 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 occupancion or the receiver or trustee simpowered 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. 4/-3-2006 904-272-0032 SIGNATURE:

FILED Apr 24, 2006 8:00 am

ATTACHMENT



Form SS-4

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN 05-057/3/7

OMB No. 1545-0003

Interna	d Revenue S	ervice	► See se	parate instruct	tions for each li	ne. ► K	eep a copy for you	ir records.			
	-	I name of enti	•	ual) for whom t	he EIN is being	requested					
arly	2 Trade name of business (if different from name on line 1)					3 Executor, trustee, "care of" name					
print clearly	4a Mailing address (room, apt., suite no. and street, or P.O. box) 1439 Noland Road					5a Street address (if different) (Do not enter a P.O. box.)					
	-	state, and ZIF				5b City, state, and ZIP code					
Type or	6 Cour										
	7a Name of principal officer, general partner, grantor, owner, or trustor Victor R. Zeigler II 7b SSN, ITIN, or EIN							266-35-74			
8a	Personal service corp.								tribal governme	military ents/enterprises	
8b	If a corp			r foreign count	State Florida			Foreign country	y		
9	Reason for applying (check only one box) ☐ Banking purpose (specify purpose) ► ☐ Changed type of organization (specify Screened Enclosures ☐ Purchased going business							ecify new type)	· •		
	 ☐ Hired employees (Check the box and see line 12.) ☐ Compliance with IRS withholding regulations ☐ Other (specify) Created a trust (specify type) Created a pension plan (specify type) —										
10	Date business started or acquired (month, day, year) 12/01/03						11 Closing month of accounting year 12/31				
12		First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)									
								Household	Other 2		
14	Check one box that best describes the principal activity of your business. Health care & social assistance Wholesale-agent/broker Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-other Retail Real estate Manufacturing Finance & insurance Other (specify)										
15		Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Screened Enclosures									
16a	Has the applicant ever applied for an employer identification number for this or any other business?									☑ No	
16b	If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above Legal name ► Trade name ►									or 2 above.	
16c	Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN										
Third Party Designee									ns about the completion of this form. Designee's telephone number (include area code) () Designee's fax number (include area code) ()		
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, Name and title (type or print clearly)							f, it is true, correct, and cor	Applicant's	s telephone number) 449-3751		
	sture 🕨	7/13/17							's fax number (inc		
_×											