2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 06, 2005 8:00 am Secretary of State DOCUMENT # P03000136411 05-06-2005 90094 030 ***150.00 DICKSON FLOORING, FENCING AND PAINTING CORPORATION Principal Place of Business Mailing Address 3027 YORKSHIRE DRIVE 3027 YORKSHIRE DRIVE **DELTONA FL 32738 DELTONA FL 32738** 2. Principal Place of Business 3. Mailing Address 3027 Yorkshiro Os 3027 yorkshire Dr Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number 04-3780050 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DICKSON, MADELINE Street Address (P.O. Box Number is Not Acceptable) 3027 YORKSHIRE DRIVE **DELTONA FL 32738** 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, byggd or printed name of registered agent and little if applicable 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Defete NAME DICKSON, BRYAN K NAME 3027 YORKSHIRE DIRVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELTONA FL 32738 CITY-ST-ZIP ☐ Delete VΡ TITLE Change ☐ Addition THILE DICKSON, MADELINE S NAME NAME 3027 YORKSHIRE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32738** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME SERRANO, GUDELIA NAME STREET ADDRESS STREET ADDRESS 2056 DEARING AVENUE CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32725** ☐ Change ☐ Addition TITLE ☐ Delete SERRANO, JOSE A NAME 2056 DEARING AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32725** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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

Date

Daytene Phone 4

FILED