2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 06, 2004 8:00 am Secretary of State **DOCUMENT # P03000139498** 1. Entity Name 08-06-2004 90005 049 ***158.75 TIM HILL CARPENTRY INC. Principal Place of Business Mailing Address 3826 NORTH WEST 14TH PLACE 3826 NORTH WEST 14TH PLACE GAINESVILLE FL 32605 **GAINESVILLE FL 32605** 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State Applied For 4. FEI Number 32-0099179 Not Applicable Zip 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 -HILL, JOHN Ta-3826 NORTH WEST 14TH PLACE GAINESVILLE FL 32605 Street Address (P.O. Box Number is Not Acceptable) 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, typed or printed name of registered agent and title if applicable, (NOTE: Rec FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be late fee. By checking this box, the corporation certifies it DUE BY September 8, 2004 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ■ Addition HILL, JOHN T NAME NAME 3826 NORTH WEST 14TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32605 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-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 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.

FILED

7/27/2004 (352)3351040 Date Daytime Phone #

attachnest # 703000/39498 24018652

Aus 1,2004

I did NOT Receive

The first Notice, Fwas

Sent a cond saying my

Corp. was going to be

disolved so I called

and they said to send

this notice with a

CK for 150

Thank you

Jahn T. Hill