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2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 06, 2004 8:00 am Secretary of State **DOCUMENT # P03000142962** 04-06-2004 90027 017 ***150.00 ALDAY DRÝWALL & TEXTURING, INC. Mailing Address Principal Place of Business 2152 LUCKY ST. 2152 LUCKY ST. on the second with the PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33948 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292004 CR2E034 (10/03) Cha-P 4. FEI Number 54-2136189 Applied For City & State City & State Not Applicable Country Country \$8.75 Additional Zip Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALDAY, STEPHEN M Street Address (P.O. Box Number is Not Acceptable) 2152 LUCKY ST. PORT CHARLOTTE, FL 33948 Zip Corie Çity 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition Delete TITLE TITLE ALDAY, STEPHEN M NAME NAME 2152 LUCKY ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33948 CITY-ST-ZIP ☐ Defete me Change Ch ■ Addition me ALDAY, HEIDI A NAME 2152 LUCKY ST. STREET ADDRESS STREET ADDRESS CITÝ-ST-ZIP PORT CHARLOTTE, FL 33948 CITY-ST-ZIP ☐ Change ☐ Addition JID 6 ☐ Delete TID F NAME . MAIME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE - Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZOP ☐ Change ■ Addition ☐ Delete TITLE TITI E NAME NAME . STREET ADDRESS STREET ADDRESS 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. 4/3/04

FILED