2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2004 8:00 am Secretary of State

Principal Place of Business Add SE LIDRON AVE. NORTH PORT, FL. 34286 2. Principal Place of Business Sallo, Apt. #, etc Sullo, Apt. #, etc City & State City & State City & State 2. Principal Place of Business Sallo, Apt. #, etc City & State City & Stat	DOCUMENT # P03000142972 1. Entity Name SERGEY CUSTOM CARPENTRY INC.						14 90088 01 <i>5</i> ***		
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City & State City & State Country City & State Country City & State City Country City & State City Country City & State City Country City C	Principal Place of Business 3. Mailing Address			,					
Zip Country Zip Country S. Certificate of Statuc Depired S. S. 5 Additional Fee Required Pee Req	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02242004	Chg-P	CR2E034 (10/03)		
September 1	City & State		City & State		4. FEI Numb	~2133a	\/ / \		
MACLEOD, RANDY C 1861 PLACIDA RD, STE. 201 ENGLEWOOD, FL 34223 City FL Zip Code	Zip	Country	Zip Country		5. Certificate	of Status Desired	☐ \$8.75 Add	ditional	
MACLEOD, RANDY C 1881 PLACIDA RD, STE. 201 ENGLEWOOD, FL 34223 City FL Zip Code		6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	<u> </u>		
Sirred Address (P.O. Box Number is Not Acceptable) Sirred Address (P.O. Box Number is Not Acceptable)			·	Name		-		——————————————————————————————————————	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU	1861 PLA	CIDA RD., STE. 201		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
SIGNATURE SOUTH-N-PORT PORTION OF POINT POINT PORTION OF POINT POINT PORTION OF POINT POIN				City			FL Zip Cod	le	
Supartum, typed or promote degree and set is policiable CHTS—Free Address of Free Address	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								
## FILE NOWIII FEE IS \$150.00 ## Added to Fees Added to Fe	SIGNATURE								
TITLE MAMÉ SIREET ADDRESS CITY-ST-ZIP TITLE MAME SIREET									
TITLE MAKE STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADORESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	D BATISHCHEV, SERGEY 4426 ELDRON AVE.		TITLE NAME STREET ADDRESS					
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	NAME STREET ADDRESS CITY-ST-ZIP	partiful that the information purpolical with		NAME STREET ADDRESS CITY-ST-ZIP	Section 110 07/0V) Florida Circuita			

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.

SIGNATURE: SOLAT BULLOW SERBEY BATTSHCHIEV 03-08-04
SIGNATURE: SOLATOR BULLOW SIGNING OFFICER OR DIRECTOR STATES HICHEST Date OF DATE PROPERTY DATE OF DATE OF