2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P03000143171

Entity Name: PETER SCANNA TRIM CARPENTRY, INC.

Current Principal Place of Business:

5028 NW MANVILLE DR.
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

5716 NW N. MACEDO BLVD.
PORT ST. LUCIE, FL 34983 US

Current Mailing Address:

P.O. BOX 880926
PORT ST. LUCIE, FL 349880926

New Mailing Address:

P.O. BOX 880926
PORT ST. LUCIE, FL 34988 US

FEI Number: 20-0470241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCANNA, PETER J
5028 NW MANVILLE DR.
PORT ST. LUCIE, FL 34983

Name and Address of New Registered Agent:

SCANNA, PETER J
5716 NW N. MACEDO BLVD.
PORT ST. LUCIE, FL 34983

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.

SIGNATURE: 04/29/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCANNA, PETER J
Address: 5028 NW MANVILLE DR.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D ( ) Delete
Name: SCANNA, JOSEPHINE A
Address: 5028 NW MANVILLE DR.
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCANNA, PETER J
Address: 5716 NW N. MACEDO BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D (X) Change ( ) Addition
Name: SCANNA, JOSEPHINE A
Address: 5716 NW N. MACEDO BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. SCANNA PRES 04/29/2004
Electronic Signature of Signing Officer or Director — Date