2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

| | | | | <u> </u> | ecretar | y oi Stai | re . | |
|---|---|------------------|--|--|---------------------------------------|--------------------|--------------------------------------|--|
| DOCUMENT # P03000145766 1. Entity Name SOUTHEASTERN BUILDING SPECIALIST, INC. | | | | | | 339 029 ***150.0 | | |
| Principal Place | e of Business | | | 471 | 11346 | | | |
| Principal Place of Business 155 GARFIELD DRIVE PENSACOLA, FE 32505 Mailing Address 155 GARFIELD DRIVE PENSACOLA, FE 32505 | | | | | | | | |
| 2. Principal Place of Business 2. Mailing Address 2. O. Box 71 | | | 133 | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | محمد محمد بالمحمد بالمحمد بالمحمد بالمحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد المحمد | -04262004 | ∽ - Chg-P | CR2E034 (10/03) | ٠ | |
| Perusa Zip | 1. ~ / 3 ~ < 3// | Peus Acola, F | 6 32534 Country | 4. FEI Numbe 83 4 | | 88.75 Add | plied For t Applicable itional | |
| | 6. Name and Address of Current F | Pegistared Agent | | 7 Name and | Address of Nov. Pa | Fee Required | <u>'</u> | |
| o. Name and Address of Current Neglistered Agent | | | | 7. Name and Address of New Registered Agent Name | | | | |
| KING, JAMES W JR. 945 WEST MICHIGAN AVE. | | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| STE. 5B | | | | | | - | · | |
| PENSACOLA, FL 32505 | | | | | | | | |
| | | \$ | City . | | | FL 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 | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | |
| 10. | OFFICERS AND | | 11, | | CHANGES TO OFFI | CERS AND DIRECTORS | | |
| TITLE | D HADLEY, ROYCE D | ☐ Delete | TITLE NAME | ossicer | \\. | ☐ Change | Addition | |
| NAME STREET ADDRESS | 155 GARFIELD DRIVE | | STREET ADDRESS | DANIEL NA | than HAG | 1821 -SAI-01- | - 380C | |
| CITY-ST-ZIP · | PENSACOLA, FL 32505 | 1 | CITY-ST-ZIP | Po.Box 7133 Pensacola- | 51. 325 ŠŲ | 1 211 01 | | |
| TITLE | D | Delete | TITLE C | 551CER | | ☐ Change | Addition | |
| NAME ; | BENEDICT, BRUCE A | · | NAME | CODERT AllEN | 1 KBINZES | 570-69-9 | 2 20.0 | |
| STREET ADDRESS CITY-ST-ZIP | 155 GARFIELD DRIVE PENSACOLA, FL 32505 | | STREET ADDRESS CITY-ST-ZIP | 2623 LARKIN | , st. -51,32514 | 210-61- | M.12 | |
| TITLE | D | Deiete | TITLE | T ENSHCOTH | PICKC, IC- | ☐ Change | Addition | |
| NAME | HOLT, HARRY L | . Duioto | NAME | | | - | | |
| STREET ADDRESS | 155 GARFIELD DRIVE | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32505 | | CITY-ST-ZIP | | | | = | |
| TITLE NAME | | Delete | TITLE Name | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP-+ | | | | | | | | |
| | | <u> </u> | CITY-ST-ZIP | <u> </u> | | | | |
| TITLE | | ☐ Dolete | TITLE | | · · · · · · · · · · · · · · · · · · · | ☐ Change | Addition | |
| NAME | | Delete | TITLE NAME | | <u> </u> | ☐ Change | Addition | |
| NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS | <u> </u> | · | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | : | |
| NAME STREET ADDRESS | | Delete | TITLE NAME STREET ADDRESS | | | ☐ Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | | : | |

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OF THE PRINTED NAME OF SIGNING