2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # P03000151818** 04-19-2004 90314 027 ***158.75 STOKES DRYWALL, INC. Principal Place of Business Mailing Address **6732 DEENA LANE 6732 DEENA LANE** 94056424 NAVARRE, FL 34566 NAVARRE, FL 34566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 74-3112531 Not Applicable Zip 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 KING, JAMES WJR. Street Address (P.O. Box Number is Not Acceptable) 945 WEST MICHIGAN AVE. SUITE 5B PENSACOLA, FL 32505 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$156.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS PD TITLE Change Addition Delete STOKES, RODNEY E NAME NAME STREET ADDRESS STREET ADDRESS 6732 DEENA LANE CITY-ST-ZIP NAVARRE, FL 34566 CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTY-ST-ZP Change ☐ Delete TITLE ☐ Addition TITLE 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-7P Change . Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. 3-12-04 850-936-8643 wes SIGNATURE: ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED