2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 14, 2004 8:00 am Secretary of State

09-14-2004 90001 034 ***150.00

DOCUMENT # P03000156099 BENCH MARK INSTALLTION INC Mailing Address Principal Place of Business 54072867 216 NORTH STREET 216 NORTH STREET DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08122004 CR2E034 (10/03) Chq-P Applied For City & State City & State Not Applicable Country 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 Name LOGUIDICE, JOE Street Address (P.O. Box Number is Not Acceptable) 1515 RIDGEWOOD AVENUE HOLLY HILL, FL 32117 City 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 gistered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. П Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition COTTRILL, ROY NAME NAME 216 NOTH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32114 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition 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-ZIP TITLE 🖖 🔲 Delete JULY F . Change . . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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-ZIP 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 attachepent with an address, with all other like empowered. SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR