

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000156403

1. Entity Name  
MR. C'S EXTERIOR FINISH SYSTEM, INC.



Principal Place of Business  
1319 THORPE LANE  
FOUNTAIN, FL 32438

Mailing Address  
1319 THORPE LANE  
FOUNTAIN, FL 32438

**FILED  
May 03, 2005 8:00 am  
Secretary of State**

05-03-2005 90067 017 \*\*\*150.00



04242005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0518620	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

BARNES & JAMES, P.A.  
2629 BLAIR STONE ROAD  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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 NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CONNELL, COY  
STREET ADDRESS 1351# THORPE LANE  
CITY-ST-ZIP FOUNTAIN, FL 32480

TITLE V  
NAME CONNELL, KENNETH  
STREET ADDRESS 316 Minnesota Ave.  
CITY-ST-ZIP Lynn Haven FL 32466

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: *Coy T Connell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/05 832-8564  
Daytime Phone #