2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

Mar 09, 2004 8:00 am Secretary of State DOCUMENT # P04000002295 1. Entity Name 03-09-2004 90054 013 ***150.00 JERRY DANIELS PLASTERING, INC. Principal Place of Business Mailing Address 2540 15TH AVE. SOUTH ST. PETERSBURG FL 33712 2540 15TH AVE, SOUTH ST. PETERSBURG FL 33712 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 59173562 Not Applicable Country Zip Zip Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent Mame and Address of New Registered Agent DANIELS, JERRY 2540 15TH AVE. SOUTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33712 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 ' (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1; 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition DANIELS, JERRY NAME NAME 2540 15TH AVE. SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33712 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DANIELS, JERRY NAME NAME STREET ADDRESS 2540 15TH AVE. SOUTH STREET ADDRESS ST. PETERSBURG FL 33712 CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DANIELS, JERRY CIDEET ADDDECS 2540.45TH.AVE..COUTH. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33712 CITY-ST-7IP TITLE ם ☐ Delete TITLE ☐ Change ☐ Addition DANIELS, JERRY NAME NAME STREET ADDRESS 2540 15TH AVE. SOUTH STREET ADDRESS ST, PETERSBURG FL 33712 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE 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

NG OFFICER OR DIRECTOR

FILED