2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 19, 2005 8:00 am Secretary of State DOCUMENT # P04000002295 1. Entity Name 04-04-2005 90070 023 ***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 2. Principal Place of Business 2540 19 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1735624 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DANIELS, JERRY Street Address (P.O. Box Number is Not Acceptable) 2540 15TH AVE. SOUTH ST. PETERSBURG FL 33712 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 (NOTE: Registered Agost signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME DANIELS, JERRY NAME 2540 15TH AVE. SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33712 CITY-ST-ZIP HIE ☐ Delete TITLE ☐ Change ☐ Addition DANIELS, JERRY NAME NAME STREET ADDRESS 2540 15TH AVE. SOUTH STREET ADORESS CITY-ST-ZIP ST. PETERSBURG FL 33712 CITY-ST-ZIP TITLE ☐ Detete Change Addition DANIELS, JERRY NAME NAME STREET ADDRESS 2540 15TH AVE. SOUTH STREET ADDRESS CITY-S1-ZIP ST. PETERSBURG FL 33712 CITY-ST-7P TITLE ☐ Delete HITE Change ☐ Addition DANIELS, JERRY NAME NAME 2540 15TH AVE. SOUTH STREET ADDRESS STREET ADORESS ST. PETERSBURG FL 33712 CITY-S1-ZIP City-SI-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attache SIGNATURE

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