2004 FOR PROFIT CORPORATION

Jul 19, 2004 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P04000003694** 07-19-2004 90015 026 ***150.00 POTEET PAINTING & DECORATING, INC. Principal Place of Business ... Mailing Address **679 YELLOWBIRD STREET POST OFFICE BOX 634** MARCO ISLAND, FL 34145 GOODLAND, FL 33833 54063675 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07122004 CR2E034 (10/03) Cha-P City & State City & State Applied For 4. FEI Number 51-049-6603 Not Applicable Zlp Country 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 KRAMER: FREDERICK C Street Address (P.O. Box Number is Not Acceptable) 950 NORTH COLLIER BOULEVARD **SUITE 201** MARCO ISLAND, FL 34145 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME POTEET, JAMES M NAME STREET ADDRESS P. O. BOX 634 STREET ADDRESS CITY-ST-ZIP GOODLAND, FL 33833 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition DWYER, SHERLY Y NAME STREET ANORESS P. O. BOX 634 STREET ADDRESS GOODLAND, FL 33833 CITY-ST-ZIP CITY-57-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CTY-ST ZP CITY-ST-ZP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME

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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.

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADORESS

Potec SIGNATURE: JAMES m SIGNATURE AND TYPED OR PRINTED NAME

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