2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 21, 2004 8:00 am Secretary of State DOCUMENT # P0400006053 1. Entity Name 03-22-2004 90035 044 ***150.00 STU DAVIS HOME IMPROVEMENT, INC. Mailing Address Principal Place of Business 332 KENT DR COCOA BEACH FL 32931 COCOA BEACH FL 32931 0027017 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apl. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired m 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SILVERIO, BRIAN M ESQ 2450 COURTHOUSE TOWER Street Address (P.O. Box Number is Not Acceptable) 44 W FLAGLER ST **MIAMI FL 33130** 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 Agent signature required when reinstating) DATE Signature, typied or printed name of registered agent and title if epolicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MILE Addition ΩP TITLE ☐ Defete DAVIS, STUART L NAME NAME STREET ADDRESS STREET ADDRESS 332 KENT DR COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-712 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change Addition TIRLE Delete - tm c-NAME MALE STREET ACCRESS STREET ADDRESS COY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition NILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-7F ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), 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. STUART L. DAVIS SIGNATURE:

F OF SIGNING OFFICER OR DIRECTOR

FILED

PEI number applied for lave not received anything, Stor I Day