2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 01, 2005 8:00 am Secretary of State **DOCUMENT # P04000013150** 04-01-2005 90001 019 ***150.00 1. Entity Name: 1 TOP GUN FINISH TRIM AND CONSTRUCTION, INC. Principal Place of Business Mailing Address 12912 FORESMAN BLVD. 12912 FORESMAN BLVD. PORT CHARLOTTE, FL 33981 PORT CHARLOTTE, FL 33981 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 33-1683190 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHULTE, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 12912 FORESMAN BLVD. PORT CHARLOTTE, FL 33981 City Zip Code urpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the the obligations of legistered agent. SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ■ Addition TITLE TITLE Change SCHULTE, JEREMY NAME NAME 12912 FORESMAN BLVD. STREET ADDRESS STREET ADDRESS PORT CHARLOTTE, FL 33981 CITY-ST-ZIP CITY-ST-ZIP TRFA ☐ Defete President Change Change ☐ Addition SCHULTE, CHRISTOPHER NAME NAME STREET ADDRESS 12912 FORESMAN BLVD. STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33981 CITY-ST-ZIP SECR ☐ Change TITLE ☐ Delete TILE ■ Addition CRAIG, KENNETH JR. NAME NAME STREET ADDRESS 12912 FORESMAN BLVD. STREET ADDRESS PORT CHARLOTTE, FL 33981 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITL F ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition ΠTLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-77P the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of my signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filing does not exatify indicated on this report or supplemental report is the and addurate and that of the corporation or the receiver or trustee empowered to execute this report. ent with an address. 941) SIGNATURE:

FILED