2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 27, 2006 08:00 AM DOCUMENT # P04000025667 **Secretary of State** 1. Entity Name RUSSELLS HOME IMPROVEMENTS, INC. Principal Place of Business Mailing Address 4535 HOLDER COURT LAKELAND FL 33813 4535 HOLDER COURT LAKELAND FL 33813 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State 84-1637673 Not Applicat 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 Name LONGABERGER, CAREN Street Address (P.O. Box Number is Not Acceptable) 4535 HOLDER COURT LAKELAND FL 33813 Zia Code City 8. The above named entity submits thus statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. SIGNATURE. Signature, typers or printed name of registered agent and into it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May C 9. Election Campaign Financing After May 1, 2006 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. Delote ☐ Change Adden TISLE TITLE NAME LONGABERGER, RUSSELL E NAME STREET ADDRESS 4535 HOLDER COURT STREET ADDRESS U00000484974 02/07/06-80021-022 150.00 CITY-ST-ZIP CITY-ST-2P LAKELAND FL 33813 THE ☐ Defete ☐ Change Asia" LONGABERGER, CAREN L MAME NAME STREET ADDRESS 4535 HOLDER COURT STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP ☐ Midati... ☐ Change TITLE Delete THILE MALAE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY - ST-ZIF TITLE Delete TOTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZP TITLE ☐ Delete THE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Defete. MLE ☐ Change Addition Addition MAME NAME STREET ACORESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 119, 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.

SIGNATURE: 2

FILED