

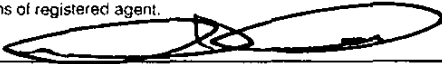
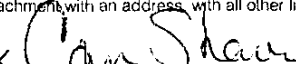


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90985 010 ***150.00

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # P04000028481 1. Entity Name RATHERBE'S LATHING & PLASTERING, INC. | | | |  | |
| Principal Place of Business 2230 NE HWY. 70, E-9 ARCADIA, FL 34266 | | | Mailing Address 2230 NE HWY. 70, E-9 ARCADIA, FL 34266 | | |
| 2. Principal Place of Business 1232 NE CROSS | | 3. Mailing Address 1232 NE CROSS | |  01252005 Chg-P CR2E034 (10/03) 4. PEI Number 20-0721350 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Arcadia FL | | City & State Arcadia FL | | | |
| Zip Country 34266 USA | | Zip Country 34266 USA | | | |
| 6. Name and Address of Current Registered Agent SHAVER, TERRY LEE 2230 NE HWY. 70, E-9 ARCADIA, FL 34266 | | | | 7. Name and Address of New Registered Agent Name ANDREW T AMES, CPA, CFP Street Address (P.O. Box Number is Not Acceptable) 128 W OAK ST. City ARCADIA FL Zip Code 34266 | |
| 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:  DATE: 1/25/2005 <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SHAVER, TERRY LEE 2230 NE HWY. 70, E-9 ARCADIA, FL 34266 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CASSADY, JAMES 2230 NE HWY. 70, E-9 ARCADIA, FL 34266 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | sec 7 reas Carrie Shaver 1355 NE Monkey Rd Arcadia, FL 34266 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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. | | | | | |
| SIGNATURE:  | | | 4-20-05 941-628-2722 <small>Date Daytime Phone #</small> | | |