2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 8:00 am Secretary of State **DOCUMENT # P04000049593** 05-02-2005 90414 049 ***150.00 PADGETT'S HOME IMPROVEMENTS INC. Mailing Address Principal Place of Business 382 SW ANDERSON ST 382 SW ANDERSON ST LAKE CITY, FL 32024 LAKE CITY, FL 32024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082005 CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 20-1243223 Not Applicable Zip 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 PADGETT, KELLY Street Address (P.O. Box Number is Not Acceptable) 382 SW ANDERSON ST LAKE CITY, FL 32024 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 ns of registered agenta SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PADGETT, KELLY NAME NAME 382 SW ANDERSON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE CITY, FL 32024 CITY-ST-ZIP ☐ Delete TITE TITLE ☐ Channe Addition NAME ALFORD, ANITA NAME 382 SW ANDERSON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY, FL 32024 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 a address, with all other like empowered.

SIGNATURE:

FILED