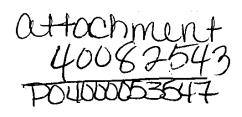
2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 05, 2005 8:00 am Secretary of State **DOCUMENT # P04000053547** 1. Entity Name 05-05-2005 90084 007 ***150.00 M. BÁRRY COPENHAVER, INC. Principal Place of Business Mailing Address 1809 WEKIWA DR. 1809 WEKIWA DR. APOPKA, FL 32712 APOPKA, FL 32712 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 05012005 Cha-P CR2E034 (10/03) 4. FEI Number City & State City & State Applied For 201958075 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 Name COPENHAVER, M. BARRY Street Address (P.O. Box Number is Not Acceptable) 1809 WEKIWA DR. APOPKA, FL 32712 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! 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Change ☐ Addition COPENHAVER, M. BARRY NAME NAME 1809 WEKIWA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP apopka, fl 32712 CITY-ST-ZIP **VPSD** ☐ Delete TILE ☐ Change ☐ Addition MANN, BETTY-ANNE NAME NAME STREET ADDRESS 1809 WEKIWA DR. STREET ADDRESS CITY-ST-7IP APOPKA, FL 32712 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition 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 12. Thereby 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 rry 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 A

FILED



May 2, 2005

M. Barry Copenhaver, INC. Ceramic Tile Contractor 1809 Wekiwa Drive Apopka, FL 32712-2414 407-880-0337

To: Division of Corporations

Address: P.O. Box 1500 Tallahassee, FL 32302-1500

Or: 2670 Executive Center Circle

Suite 100

Tallahassee, FL 32301

Phone: 850-245-6056

To Whom it May Concern,

Please note that this corporation did not receive a notice in the mail that this Annual report was due at this time. We ran into a friend / account at a banquet last night (May 1, 2005) who asked us if we filed and we stated we had not. Yesterday being May 1, 2005 we tried to file on line but the fees had already been assessed a late fee. Please waive this late fee and we will try not to let this happen again.

Thank You,

Vice President and Secretary

Phones: 407-880-0337 or Cell 407-756-9077