2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P04000081211** 07-14-2005 90076 019 ***150.00 1. Entity Name ED HERON PAINTERS, INC. Principal Place of Business Mailing Address 20063567 6460 LAKE CIRCLE DRIVE 6460 LAKE CIRCLE DRIVE STUART, FL 34997 STUART, FL 34997 2. Principal Place of Business 6460 Ake C 3. Mailing Address Cir de Suite, Apt. #, etc. CR2E034 (10/03) 07112005 City & State Applied For 4. FEI Number 06-173 Not Applicable Country Zip Country \$8.75 Additional maitin 5. Certificate of Status Desired Martin Fee Required: 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent HERON, EDWARD P Street Address (P.O. Box Number is Not Acceptable) 6460 LAKE CIRCLE DRIVE STUART, FL 34997 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition HERON, EDWARD P NAME NAME STREET ADDRESS 6460 LAKE CIRCLE DRIVE STREET ADDRESS STUART, FL 34997 CITY-ST-ZIP CITY-ST-ZIF ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST_7/P Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE ☐ Delete TITLE ☐ 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 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 an other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 14, 2005 8:00 am

Davlime Phone #