

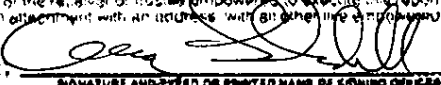
7-02-1996 4:17PM FROM
09/05/2005 09:24 8502158223

MASTER PLASTER

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90069 007 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000103791			
1. Entity Name LOBDILL MASTER PLASTER INC.			
Principal Place of Business 514 VENETIAN WAY PANAMA CITY, FL 32405 US		Mailing Address 514 VENETIAN WAY PANAMA CITY, FL 32405 US	
2. Principal Place of Business		3. Mailing Address	
Sole, Apt # etc		Sole, Apt # etc	
City & State		City & State	
Zip		Country	
4. FEI Number: 55 0874479		Applied For (Not Applicable)	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOBDILL, GARY 514 VENETIAN WAY PANAMA CITY, FL 32405		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature Required for an individual registered agent or officer (check one) Not for Registered Agent or Secretary (check one) Not for			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P LOBDILL, GARY 514 VENETIAN WAY PANAMA CITY, FL 32405 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Director ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP LOBDILL, SUSAN 514 VENETIAN WAY PANAMA CITY, FL 32405 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature only has the same legal effect as if made under oath, that I am an officer or director of the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Item 10 or Item 11. I changed or on an attachment with an address with all other information.			
SIGNATURE 		9/5/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

* REGARDING LETTER # 305A00055060