


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2005 8:00 am**  
**Secretary of State**

08-25-2005 90003 044 \*\*\*158.75

|  |   |
|--|---|
| <b>DOCUMENT # P04000110212</b>                     |  |
| 1. Entity Name<br><b>S &amp; N EXTERIORS, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>16419 SW 64TH AVE<br/>STARKE, FL 32091</b> | Mailing Address<br><b>16419 SW 64TH AVE<br/>STARKE, FL 32091</b> |
|--|--|

**50063357**

|   |                                   |
|---|-----------------------------------|
| 2. Principal Place of Business<br><b>SAME</b> | 3. Mailing Address<br><b>SAME</b> |
| Suite, Apt. #, etc.                           | Suite, Apt. #, etc.               |

08152005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br><b>STARKE FL</b> | City & State<br><b>STARKE FL</b> |
| Zip<br><b>32091</b>              | Zip<br><b>32091</b>              |
| Country<br><b>USA</b>            | Country<br><b>USA</b>            |

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>X 201381908</b>                                  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>SMITH, DUSTIN H<br/>16419 SW 64TH AVE<br/>STARKE, FL 32091</b> |  |
|--|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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 *Dustin Smith* DATE 8/15/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SMITH, DUSTIN H<br/>16419 SW 64TH AVE<br/>STARKE, FL 32091</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: *X Dustin H Smith* DATE 8/15/05 DAYTIME PHONE # 904-759-3015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR