

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000133453 1. Entity Name AGELESS AWNINGS, INC.				 <div style="text-align: right;"> FILED 05 OCT 17 AM 10: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>																									
Principal Place of Business 3257 LAUREL DALE DR TAMPA, FL 33608-33618-1045		Mailing Address 3257 LAUREL DALE DR TAMPA, FL 33608 <div style="text-align: center;">↓</div>																											
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 33618		3. Mailing Address P.O. Box 270621 Suite, Apt. #, etc. Tampa City & State Florida Zip 33688-0621		<div style="text-align: center;"> 01122005 </div> 4. FEI Number 20-1683746 Applied For <input type="checkbox"/> Not Applicable																									
Country Hillsborough		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent JEPSON, CLARK 3257 LAUREL DALE DR TAMPA, FL 33608-33618-1045				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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: <div style="display: flex; justify-content: space-between; font-size: small;"> Signature, typed or printed name of registered agent and Unit # if applicable. (NOTE: Registered Agent signature required when re-registering) DATE </div>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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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: <div style="display: flex; justify-content: space-between; font-size: small;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # </div>																													