

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153577

FILED
Apr 28, 2005
Secretary of State

Entity Name: COVER UPS AWNING COMPANY, INC

Current Principal Place of Business:

3102 BLOUNT ROAD
DOVER, FL 33527

New Principal Place of Business:

911 WOODROW WILSON STREET
#19
PLANT CITY, FL 33566

Current Mailing Address:

3102 BLOUNT ROAD
DOVER, FL 33527

New Mailing Address:

P.O. BOX 969
DURANT, FL 33530

FEI Number: 74-3133972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOFLEY, CANDACE M
3102 BLOUNT ROAD
DOVER, FL 33527 US

Name and Address of New Registered Agent:

LOFLEY, CANDACE M
P.O. BOX 969
DURANT, FL 33530 US

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.

SIGNATURE: CLOFLEY

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CFO () Delete
Name: LOFLEY, CANDACE M
Address: 3102 BLOUNT ROAD
City-St-Zip: DOVER, FL 33527

Title: P () Delete
Name: EVANS, NEAL W
Address: 502 KINGHTS GRIFFEN ROAD
City-St-Zip: PLANT CITY, FL 33565

Title: VP () Delete
Name: LOFLEY, RYAN M
Address: 3102 BLOUNT ROAD
City-St-Zip: DOVER, FL 33527

Title: VP () Delete
Name: JACKSON, ROBERT W
Address: 4702 HAMMOCK RIDGE ROAD
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change () Addition
Name: LOFLEY, CANDACE M
Address: P.O. BOX 969
City-St-Zip: D URANT, FL 33530

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SCHETROMPF, KENNETH
Address: 2055 S. FLORAL AVE #228
City-St-Zip: BARTOW, F 33830

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLOFLEY

CFO

04/28/2005

Electronic Signature of Signing Officer or Director

Date