2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P04000166201 04-29-2005 90256 029 ***150.00 RANDALL K, HART DRYWALL, INC. Principal Place of Business Mailing Address 13191 NW 82ND COURT 13191 NW 82ND COURT CHIEFLAND, FL 32626 CHIEFLAND, FL 32626 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 CR2E034 (10/03) Cha-P 4. FEI Number City & State City & State Applied For 80008463 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLSON, TERRY E 545 N UMATILLA BOULEVARD Street Address (P.O. Box Number is Not Acceptable) UMATILLA, FL 32784 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Addition ☐ Change HART, RANDALL K NAME NAME STREET ADDRESS 13191 NW 82ND COURT STREET ADDRESS CITY-ST-ZIP CHIEFLAND, FL 32626 CITY-ST-ZIP TITLE VD ☐ Delete TITLE ☐ Change ☐ Addition HART, RANDALL C NAME NAME STREET ADDRESS 13191 NW 82ND COURT STREET ADDRESS CHIEFLAND, FL 32626 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HART, GEORGE B NAME NAME STREET ADDRESS 13191 NW 82ND COURT STREET ADDRESS CITY-ST-ZIP CHIEFLAND, FL 32626 CITY-ST-ZIP TITLE □ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED