## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Jan 09, 2006 8:00 am Secretary of State **DOCUMENT # P05000063661** 01-09-2006 90042 001 \*\*\*150.00 SEMINOLE CEILING COMPANY 01-09-2006 90042 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 4165 DOW RD #16 4165 DOW RD #16 66000003 MELBOURNE, FL 32934 MELBOURNE, FL 32934 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 30012865 Not Applicable Zip Country Zip 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 CHILCOTT, RANDY Street Address (P.O. Box Number is Not Acceptable) 4165 DOW RD #16 MELBOURNE, FL 32934 City 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 prinked name of registered agent and title it applicable. (NOTE: Registered Agent signature required when remstating) DATE 9. Election Campaign Financing FiLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition Change CHILCOTT, RANDY NAME NAME 4165 DOW RD #16 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32934 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TELLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TETLE ☐ Defete ☐ Change ☐ Addition HAME NAME STREET ADORESS STREET ADDRESS City-St-ZIP CSTY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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