2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jul 17, 2006 8:00 am Secrétary of State **DOCUMENT # P05000076195** 1. Entity Name 07-17-2006 90139 010 ***150 00 CAPTAIN FIBERGLASS OF FLORIDA, INC. Mailing Address Principal Place of Business 525 CASE ROAD 525 CASE ROAD LABELLE, FL 33935 LABELLE, FL 33935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Ant #. etc. 07072006 Chg-P CR2E034 (11/05) Applied For City & State 4. FEI Number City & State Not Applicable 30-0319442 Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REED, JOHN Street Address (P.O. Box Number is Not Acceptable) 525 CASE ROAD LABELLE, FL 33935 Zip Code City 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 it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 6, 2008 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change Addition Delete REED, JOHN NAME NAME STREET ADDRESS 525 CASE ROAD STREET ADDRESS CITY-ST-ZIP LABELLE, FL 33935 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ 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-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not quality 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. 7-12-06 863 843-0301

G OFFICER OR DIRECTOR

FILED