2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 04, 2006 8:00 am Secretary of State DOCUMENT # P05000099191 05-04-2006 90251 029 ***150.00 PRUITT HOME IMPROVEMENTS INC. Principal Place of Business Mailing Address 7127 DALE ST. 7127 DALE ST. PENSACOLA, FL 32503 PENSACOLA, FL 32503 2. Principal Place of Business 3. Mailing Address 7117 DAW フハコ DALE Suite, Apt. #, etc. Suite, Apt. #, etc. 02112006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20 3347966 PENSALOLA PENSALDLA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32503 32<u>503</u> ESCAMBIA ES CAMBITA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YRUXTT ONATHAN A1A REGISTERED AGENT INC. Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD **QUINCY, FL 32351** DALE ST. 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. ne of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delele TITLE TITLE Change Addition PRUZTT, JON PRUITT, JON NAME NAME 7117 DALE ST. STREET ADDRESS 7127 DALE ST. STREET ADDRESS PENSACOLA, FL 32503 CITY - \$1 - ZIP CITY - ST - ZIP PENSALOLA FL 32503 VΡ TITLE Delete TITLE ☐ Addition PRUITT, DONNA NAME NAME PRUETT, DONNA STREET ADDRESS 7127 DALE ST. STREET AUDRESS 7117 BALEST PENSACOLA, FL 32503 CITY - ST - ZIP CITY-ST-ZIP PENSA COLA TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME 5802 PENNY AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSALORA Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7/P TITLE Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for line 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 signal are 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

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