2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other i

SIGNATURE:

Apr 14, 2004 8:00 am Secretary of State DOCUMENT # P93000055202 1. Entity Name 04-14-2004 90072 049 ***150.00 JEFF'S CARPENTRY AND TRIM, INC. Principal Place of Business Mailing Address 1111 BUTTERMILK LN PORT ORANGE FL 32119 1111 BUTTERMILK LN PORT ORANGE FL 32119 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3199677 Not Applicable Ziρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHITLOCK, JEFFREY L Street Address (P.O. Box Number is Not Acceptable) 1111 BUTTÉRMILK LN PORT ORANGE FL 32119 Zio 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 DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete □ Change Addition TITLE WHITLOCK, JEFFREY L NAME NAME STREET ADDRESS 1111 BUTTER MILK LN STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WHITLOCK, JEFFREY L NAME NAME 1111 BUTTERMILK LN STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32119 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-7IP 12. I hereby certify that the information supplied with this filing 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