FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90511 010 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000081681

1. Entity Name
DION PLASTERING, INC.

50045091

Principal Place of Business	Mailing Address
397 SW RIVERWAY BLVD PALM CITY, FL 34990-4254	397 SW RIVERWAY BLVD PALM CITY, FL 34990-4254

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03062005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0541003 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DION, RICHARD J
397 SW RIVERWAY BLVD
PALM CITY, FL 34990-4254

7. Name and Address of New Registered Agent

Name: Virginia B. Dion
Street Address (P.O. Box Number is Not Acceptable): 397 SW Riverway Blvd
City: Palm City FL Zip Code: 34990

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: Virginia B. Dion, VIRGINIA B. DION 4-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME DION, RICHARD J STREET ADDRESS 397 SW RIVERWAY BLVD CITY-ST-ZIP PALM CITY, FL 349904254	☒ Delete	TITLE VPD NAME Brock P. Dion STREET ADDRESS 397 SW Riverway Blvd CITY-ST-ZIP Palm City, FL 34990-4254	☐ Change ☒ Addition
TITLE STD NAME DION, VIRGINIA B STREET ADDRESS 397 SW RIVERWAY BLVD CITY-ST-ZIP PALM CITY, FL 349904254	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Virginia B. Dion 4-25-05 772-220-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
VIRGINIA B. DION