

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000024541



1. Entity Name  
EXTERIOR CONSULTANTS, INC.

Principal Place of Business  
6051 ESTERO BOULEVARD  
FT MYERS BEACH, FL 33931

Mailing Address

6051 ESTERO BOULEVARD  
FT MYERS BEACH, FL 33931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0578707	Applied For
	Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PITTMAN, LARRY L  
6051 ESTERO BOULEVARD  
FORT MYERS BEACH, FL 33931

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DPST  
NAME GUENTHER, DENNIS K JR.  
STREET ADDRESS P.O. BOX 771177  
CITY-ST-ZIP OCALA, FL 32675

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, VP, S, T  
NAME GUENTHER, DENNIS SR.  
STREET ADDRESS 6051 ESTERO BLVD  
CITY-ST-ZIP FORT MYERS BEACH, FL 33931

Change  Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/04

**FILED  
May 03, 2004 8:00 am  
Secretary of State**

05-03-2004 91225 035 \*\*\*150.00

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