2004 FOR PROFIT CORPORATION

Mar 17, 2004 8:00 am **Secretary of State** ANNUAL REPORT 03-17-2004 90020 038 ***150.00 DOCUMENT # P95000027430 SS-20 BUILDING SYSTEMS, INC. 24023000 Principal Place of Business Mailing Address 1813 MANATEE AVE.W 1813 MONATEE AVE. W BRADENTON, FL 34205 US BRADENTON, FL 34205 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022004 CR2E034 (10/03) Cha-P City & State City & State Applied For 4. FEI Number 65-0582324 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARTER, MICHAEL M Street Address (P.O. Box Number is Not Acceptable) 1227 9TH AVENUE WEST 8TH AVE W BRADENTON, FL 34205 City BRADENTON Zip Code 34105 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. | arm 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete Change ☐ Addition TITLE WOODWARD, CHRIS NAME NAME STREET ADDRESS 1813 MONATEE AVE. W. STREET ADDRESS 1813 MANATER AVE. W. BRADENTON, FL 34205 CITY-ST-ZIP CITY-ST-ZIP BRADENTUN FL 3420. VST TITLE ☐ Delete TITLE Change ☐ Addition NAME CARTER, MICHAEL M NAME 1227 9TH AVE, WEST 1201 9TA AVE. W. STREET ADDRESS STREET ADDRESS CITY-ST-78P BRADENTON, FL 34205 CITY-ST-ZIP TITLE Delete THILE ☐ Change ■ Addition NAME **)** . . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

941-741-8170

FILED