2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUI 1. Entity Name PLASTER				. ICIÓNTO 04 FEB	TARY OF DF CORP 27 PM	3 IAIL ORATIO 3: 48	∱j∙						
Principal Place 4427 EXCHA UNIT F. NAPLES FL US	ANGE AVE	POST OF	Mailing Address POST OFFICE BOX 990094 NAPLES FL 34116 US				·	1 (1))1 <b>1 1</b> )41 <b>50</b> 41 1	EM 68% 6319 6				
2. Principal Pl	lace of Business	3. Mailing	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.				) MC	OORE	CR2E0	34 (11/03)		
City & State			City & Si	City & State			4. FE	El Number (	65-05395	550		_	ed For
Zip	Country		Zip	Zip		Country		ertificate of S	tatus Desire	d 🖸	\$8.75 Fee Regi	Additio	
	6. Name and /	Address of Curre	nt Registered A	gentl			7. Na	ame and Ado	dress of Nev	w Registere	<u> </u>		
PLASTER, BRADLEY S 1924 41ST ST. SW NAPLES FL 33999  City Na								Eric I x Number is L ST 5			L Zip (	Code 411	7
	named entity subr		t for the purpose	of changing its	registere	ed office or regist	ered age	nt, or both, ir	the State of	Florida. I a			d accept
the obligations of registered agent.  SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required in the second of the							red when rein	9. Electio	in Campaign fund Contrib	_	\$	5.00 Ided to	May Be Fees
TITLE	PTD	OFFICERS AI	ND DIRECTORS	☐ Delete	<b>11.</b>		ADD	DITIONS/CH	ANGES TO (	OFFICERS A	ND DIRECT		№ 11
NAME	PLASTER, BRAD 1230 39TH ST S NAPLES FL 341	W		□ Delete	NAMI STRE	į					Onan	go i	Auditori
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PLASTER, ERIC 1210 39TH ST S NAPLES FL 341	W		☐ Delete		1	07	<b>800</b> 1 2/27/04	0295 01045	-03 03	\$\$\frac{1}{5}\text{Chan}\$\$\**200.	ge (]()	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			·	☐ Delete		l		Carrent Schauer Ca	-	ಗ್ರಾವ≎ ೫೧ ಗ <u>್</u> ನ	☐ Chan	ge	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	EET ADDRESS -ST-ZIP					☐ Chan		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: GAPLASTER V.P. 212-04 239-643-6140  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Destrict Printed Name OF SIGNING OFFICER OR DIRECTOR												<u>''</u>	