FILED 2004 FOR PROFIT CORPORATION Jan 21, 2004 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P97000052552 01-21-2004 90009 012 ***150.00 1. Entity Name DENNIS PLASTERING, INC. Principal Place of Business Mailing Address 4 U U U U U 12024 SW 270TH STREET 12024 SW 270TH STREET NARANJA: Ft 33032 NARANJA: FL 33032 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 01112004 Chg-P -01 City & State 4. FEI Number 65-0758958 ountry Country 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TICE, JAMES E Street Address (P.O. Box Number is Not Acceptable) 16220 SW 280TH STREET HOMESTEAD, FL 33031 City

Zip Code FI 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 according to the contract of the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change NAME DENNIS, JAMES N NAME STREET ADDRESS 12024 SW 270TH STREET STREET ADDRESS 5303c CITY-ST-ZIP CITY-ST-7IP NARANJA, FL 33032 STD Change ☐ Ad ☐ Delete MLE TITLE DENNIS, SARAH J NAME NAME STREET ADDRESS STREET ADDRESS 12024 SW 270TH STREET CITY-ST-7IP CITY-ST-7IP NARANJA, FL 33032 3030 ☐ Ad ☐ Change III F Delete TITLE NAME TICE, JAMES E NAME STREET ADDRESS 16220 SW 280TH STREET STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33032 CHY-ST-ZIP ☐ Ad TITI F Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete ☐ Ad THIF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiete TITLE ☐ Change ☐ Ad THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

CR2E034 (10/03)

Applied Fo

Not Applic

\$8.75 Additional

Fee Required

^{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 direct 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 chapted, or on an attachment with an address, with all other like empowered.