2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000078449

FILED Jan 15, 2004 Secretary of State

Entity Name: FOAM MASTERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 4506 MERCANTILE AVE NAPLES, FL 34104 **Current Mailing Address: New Mailing Address:** 4506 MERCANTILE AVE NAPLES, FL 34104 FEI Number: 59-3484217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ASHENBRENER, CHERYL M. ASHENBRENER, CHERYL M 1150 #10 POWER ST 4506 MERCANTILE AVE. NAPLES, FL 34104 NAPLES, FL 34104 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. SIGNATURE: CHERYL M. ASHENBRENER 01/15/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ASHENBRENER, DAVID L Name: Name: 6903 LONE OAK BLVD. Address: Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: () Delete Title: VST Title: () Change () Addition ASHENBRENER, CHERYL M Name: Name: 6903 LONE OAK BLVD. Address: Address: NAPLES, FL 34109 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL M. ASHENBRENER VP 01/15/2004