2004 FOR PROFIT CORPORATION

FILED Mar 26, 2004 08:00 AM

ANNUAL REPURI				Secretary of State		
DOCUMENT # P98000018643					secretary or state	
	EXTERIOR FINISHING INC					
Principal Plac		Mailing Address PO BOX 188				
BOSTWICK, F		BOSTWICK, FL 32007		1 (2000) 1000 (1000) (1000)		
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*	O NOT WRITE	m The coa	CE CE	03242004 No C	hg-P CR2E034 (10/03)	
l u	O NOL VANIE	na iung gew		4. FEI Number 59-3495474	Applied For Not Applicable	
	and the second s		.	5. Certificate of Status	Desired S8.75 Additional Fee Required	
	6. Name and Address of Current Re-	gistered Agent	1.17		en en en eller generale en	
JEPSON, I 6683 CRIL	BRENDA L AVENUE			DO NO	T WRITE	
PALATKA,	,FL 32177			IN THIS	SPACE	
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 time 4 applicable (NOTE: Registered Agent signature registered when renattating) DATE						
FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution.		.00 May 8e led to Fees		
18.	OFFICERS AND DIF	RECTORS				
THE NAME	D GRIFFIS, JUDY					
STREET ADDRESS CITY-ST-ZIP	. ■				Ennandidiores	
TITLE NAME				D3/	U000000096691 26/04-80008-005 150.00	
STREET ADDRESS CITY-ST-ZIP						
TITLE			1		, , , , , , , , , , , , , , , , , , , ,	
NAME STREET ADDRESS				***	nden KN Stark Inder Son	
CRY-ST-ZIP			4	DO NOT WRITE		
TARE NAME			1		S SPACE	
STREET ADDRESS CITY-ST-ZIP					Now the second	
TITLE					-	
STREET ADDRESS						
CXTY-ST-ZIP			J	•		

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accutate 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

TITLE NAME STREET ADDRESS CITY-57-ZP

SIGNATURE:X