

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000090668

FILED
Jan 12, 2004
Secretary of State

Entity Name: LASTING EXTERIORS, INC.

Current Principal Place of Business:

3365 ST. AUGUSTINE RD
JACKSONVILLE, FL 32207

New Principal Place of Business:

3365 ST. AUGUSTINE RD
JACKSONVILLE, FL 32207 US

Current Mailing Address:

3365 ST. AUGUSTINE RD
JACKSONVILLE, FL 32207

New Mailing Address:

3365 ST. AUGUSTINE RD
JACKSONVILLE, FL 32207 US

FEI Number: 59-3538589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLANCE, WAYNE D
326 LANE AVE S.
JACKSONVILLE, FL 32254 US

Name and Address of New Registered Agent:

KELLY, TIM
1016 LASALLE STREET
JACKSONVILLE, FL 32207 US

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: TIM KELLY

01/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HOWARD, DAVID F
Address: 3365 ST. AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV () Delete
Name: HOWARD, CYNTHIA
Address: 3365 ST. AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: RICHARDSON, DAVID E
Address: 3365 ST. AUGUSTINE RD.
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DAVID F. HOWARD

PST

01/12/2004

Electronic Signature of Signing Officer or Director

Date