2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 08:00 AM Secretary of State DOCUMENT # P98000102191 STRUBLES PAINTING SERVICE INC. Principal Place of Business Mailing Address 1009 64TH STREET, WEST 1009 64TH STREET, WEST BRADENTON, FL 34209 BRADENTON, FL 34209 CR2E034 (10/03) 04122004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 59-3545063 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STRUBLE, ERIC DO NOT WRITE 1009 64TH STREET, WEST BRADENTON, FL 34209 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title 4 applicable (NOTE: Replaced Agent suggesture required when reinstation) SATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be U00000123798 Trust Fund Contribution. Added to Fees 04/22/04-80019-025 150.00 10. OFFICERS AND DIRECTORS TITLE NAME STRUBLE, ERIC STREET ADDRESS 1009 64TH ST W CITY-ST-ZP BRADENTON, FL 34209 333LE NAME STREET ADDRESS CITY-57-2P TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i). Flortida 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 a 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, yith all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP

NTEO NAME OF SIGNING OFFICER OR DIRECTOR