2004 FOR PROFIT CORPORATION ANNUÂL REPORT

Mar 17, 2004 08:00 AM Secretary of State DOCUMENT # P99000035058 1. Entity Name E & E FIBERGLASS MHS, INC. Principal Place of Business Mailing Address 2109 W. MEMORIAL BLVD PO BOX 1442 LAKELAND, FL 33815 DOVER, FL 33527 03122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3567697 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Hismo and Address of Current Registered Agent GARNELO, ESAU DO NOT WRITE 4015 HWY 92 W PLANT CITY, FL 33566 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 SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) U000000091041 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 03/17/04-80043-024 150.00 \Box Trust Fund Contribution. Added to Fees 10. TITLE GARNELO, ESAU NAME 711 HITCHCOCK ST STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33567 TITLE GARNELO, EDGAR NAME STREET ADDRESS 310 SW BATES ST CITY - \$1 - 21P PLANT CITY, FL 33567 उद्या NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SI-ZIP

12. I hereby certify that the information supplied with this filling 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 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.

SIGNATURE:

ISSLE NAME STREET ADDRESS CITY-S1-21P TITLE NAME STREET ADDRESS GITY - ST- 7IP

COATORE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

Caytime Phone #

FILED