2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2005 08:00 AM **Secretary of State DOCUMENT # S70725** 1. Entity Name THE JUPITER SCENERY COMPANY, INC. Principal Place of Business Mailing Address P.O BOX 7360 603 COMMERCE WAY W JUPITER, FL 33458 JUPITER, FL 33458 02112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0281929 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE NORMANDALE, STEVEN J. 603 COMMERCE WAY W JUPITER, FL 33458 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, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE NORMANDALE, STEVEN J NAME 603 COMMERCE WAY W STREET ADDRESS JUPITER, FL CITY-ST-ZIP TITLE U000u0228494 NORMANDALE, STEVEN J. NAME 02/14/05-80041-009 150.00 603 COMMERCE WAY W STREET ADDRESS CITY-ST-ZIP JUPITER, FL TITLE NORMANDALE, SAMUEL C NAME 603 COMMERCE WAY WEST STREET ADDRESS DO NOT WRITE JUPITER, FL CITY-ST-7IP IN THIS SPACE TITLE NORMANDALE, JAMES K NAME 603 COMMERCE WAY WEST STREET ADDRESS CITY - ST - ZIP JUPITER, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

STREET ADDRESS CITY - ST - ZIP