2004 FOR PROFIT CORPORATION

Apr 05, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # S88526** GENERAL MOLD, INC. Principal Place of Business Mailing Address 1326 20TH ST N 1326 20TH ST N ST PETERSBURG, FL 33713 ST PETERSBURG, FL 33713 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3095447 Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent ANDERS, VICKIE M DO NOT WRITE 2323 20TH STREET N. **SUITE 1326** IN THIS SPACE SAINT PETERSBURG, FL 33713 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fjorida. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) <u>U00000102904</u> 04/05/04-80034-015 158.75 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. D BILE NAME ANDERS, VICKIE STREET ADDRESS 2643 BURLINGTON AVNEUE N. CITY-ST-ZIP SAINT PETERSBURG, FL 33713 TITLE NAME STREET ADDRESS CETY-ST-79P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP RITLE NAME STREET ADDRESS CHY-ST-ZIP

12. I hereby certify that the information supplied with this liking 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 all other like empowered.

SIGNATURE: ¿

ππε MAME STREET ADDRESS CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR

FILED