2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2004 8:00 am Secretary of State **DOCUMENT # 516774** 1. Entity Name 05-03-2004 90452 007 ***150.00 LEWIS MASONRY AND CONCRETE, INC. Principal Place of Business Mailing Address 2280 BRUNER LANE SE 2280 BRUNER LANE SE FT. MYERS FL 33912 FT. MYERS FL 33912 111115 51 .1 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1695720 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEWIS. KOWIN TEO JR **LEWIS, LINDA A** Street Address (P.O. Box Number is Not Acceptable) 12466 MCGREGOR WDS CIR BRUNER BANE FT. MYERS FL 33908 MYERS stered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent. EDIDIN TEO JK Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS "ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. c. ☐ Addition ☐ Delete TITLE LEWIS, TED NAME STREET ADDRESS 2280 BRUNERLANE S.E. STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 00000 CITY-ST-ZIP ··· VD TITLE ☐ Change ☐ Addition LEWIS, LINDA A NAME MARKE 1124666 MCGREGOR WDS CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 00000 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME LEWIS, EDWIN TED, JR NAME STREET ADDRESS 2280 BRUNER LANE S E STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 00000 CITY-ST-ZIP Delete SEC ☐ Addition TITI E LEWIS. KOWIN TED JR. 2180 BRUYER LANE SF LEWIS, LINDA NAME NAME STREET ADDRESS 12466 MCGREGORWDS CIR STREET ADDRESS FT. MYERS. FI 23911 CtTY-ST-74P FT MYERS FL CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CiTY-ST-7IP 12. I hereby certify that the information supplied with this filing 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 effects, with all other like empowered.

FILED