2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 01, 2007 08:00 A **DOCUMENT # F02000006021 Secretary of State** 1. Entity Name STEVEN L. HAGOOD CONTRACTOR, INC. Principal Place of Business Mailing Address 3639 COQUINA KEY DR., SE 31 WILLIAMSON PARK DRIVE ST PETERSBURG, FL 33705 **NEWPORT NEWS, VA 23608** 02262007 No Chg-P CR2E034 (11/05) Applied For 4. FE! Number 54-1205590 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAGOOD, STEVEN DO NOT WRITE 3639 COQUINA KEY DR., SE ST PETERSBURG, FL 33705 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PC TITLE HAGOOD, STEVE NAME STREET ADDRESS 3639 COQUINA KEY DR SE CITY-ST-7IP ST PETERSBURG, FL 33705 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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.

. HnGood

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND PURPOSED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/07

747) 830

FILED