2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2005 08:00 AM Secretary of State DOCUMENT # K59105 1. Entity Name RUNDLE CONSTRUCTION, INC. Principal Place of Business Mailing Address 4618 LITHIA SPRINGS RD. LITHIA FL 33547 US 4618 LITHIA SPRINGS RD. _ LITHIA FL 33547 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2927636 Not Applicable Zip Country Ζip 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 Name RUNDLE, BRUCE J. 4618 LITHIA SPRINGS RD. Street Address (P.O. Box Number is Not Acceptable) LITHIA FL 33547 City Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE THE Change Addition | Delete RUNDLE, BRUCE J. NAME NAME 4618 LITHIA SPRINGS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LITHIA FL 33547 CHTY-ST-ZIP HILE Delete ☐ Change ☐ Addition RUNDLE, BONNY JO STREET ADDRESS 4618 LITHIA SPRINGS RD. STREET ADDRESS CITY-ST-ZIP LITHIA FL 33547 CHY-ST-ZIP Addition TITLE ☐ Delete TODE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition U00000218430 02/07/05-80064-022 150.00 NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DUC Delete 11116 ☐ Change ☐ AdditIon NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE BILE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not quality 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 it 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

CHTY ST-7IE

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

CITY ST-ZIP

BONNY J. RUNDLE

2-4-05

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FILED