2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Duri

Mar 07, 2005 08:00 AM DOCUMENT # P03000134508 Secretary of State B.J. PELKEY CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 765 ORCHID LANE MERRITT ISLAND FL 32952 755 ORCHID LANE MERRITT ISLAND FL 32952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 04-3779485 Not Applicable Country Zip Ziρ 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 PELKEY, BURTON J JR. 755 ORCHID LANE Street Address (P.O. Box Number is Not Acceptable) MERRITT ISLAND FL 32952 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 Agont signature required when terrateting) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition Change TITLE ☐ Delete RULE PELKEY, BURTON J JR. NAME NAME U00000253889 03/07/05-80051-025 150.00 STREET ADDRESS 755 ORCHID LANE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 C11Y-S1-Z4P Change ☐ Addition HILE Delete HHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete THUE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete DILE NAM NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CLTY-ST-ZIP HILE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CHTY-SI-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 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 eath; 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

FILED

Daytime Phone #