## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 17, 2007 8:00 am Secretary of State DOCUMENT # P03000134508 04-17-2007 90054 009 \*\*\*150.00 B.J. PELKEY CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 40065042 755 ORCHID LANE 755 ORCHID LANE MERRITT ISLAND, FL 32952 MERRITT ISLAND, FL 32952 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 04-3779485 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PELKEY, BURTON J JR. Street Address (P.O. Box Number is Not Acceptable) 755 ORCHID LANE MERRITT ISLAND, FL 32952 City Zip Code FL 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 abent. SIGNATURE. Signature, typed or printed name of registered agent and title 4 applicable (NOTE Registered Agent signature roou red when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. THLE D ☐ Delete TITLE ☐ Change X Addition STEVEN EDWARD Pelkey 2129 MUSKINGUM AVE PELKEY, BURTON J JR. NAME NAME 755 ORCHID LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32952 CITY-ST-ZIP COCOA FLORIDA ☐ Change TITLE □ Delete TITLE Addition [2] MARY EVELYN PELKEX NAME NAMÉ STREET ADDRESS 755 ORCHID LANC STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FLORIDA Merritt ISLAND Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIFLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-Z#P ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 address, with all other like empowered.