2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2007 8:00 am Secretary of State **DOCUMENT # P06000084601** 04-03-2007 90008 035 ***150.00 JAMES P. TAFT JR CONSTRUCTION, INC Principal Place of Business Mailing Address 326 EL REPOSO PL 326 EL REPOSO PL 40020. PANAMA CITY BCH, FL 32413 PANAMA CITY BCH, FL 32413 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 01152007 CR2E034 (12/06) Chg-P 4. FEI Number 741967 Applied For City & State City & State Not Applicable Ζiρ Country Zip 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 TAFT, JAMES JR P Street Address (P.O. Box Number is Not Acceptable) 326 EL REPOSO PL PANAMA CITY BCH, FL 32413 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 Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE Change TITLE ☐ Delete ☐ Addition TAFT, JAMES JR P NAME NAME 326 EL REPOSO PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BCH, FL 32413 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE 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 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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

with all other like empowered

ME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

SIGN

SIGNATURE:

FILED

6-54126