2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 14, 2005 8:00 am Secretary of State DOCUMENT # P96000040562 1. Entity Name 02-14-2005 90056 037 ***150.00 WOODY KING CONSTRUCTION, INC. Principal Place of Business Mailing Address 421 WHIRLPOOL ROAD 421 WHIRLPOOL ROAD CENTURY FL 32535 US CENTURY FL 32535 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3379267 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 'KING, WOODROW JR Street Address (P.O. Box Number is Not Acceptable) 421 WHIRLPOOL ROAD CENTURY FL 32535 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, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. TITLE TITLE Change Addition ☐ Delete KING, WOODROW J KIUC'TE MOOGLOM NAME NAME uzi whirl pool Road STREET ADDRESS 421 WHIRLPOOL ROAD STREET ADDRESS century FL 32535 CENTURY FL 32535 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TLT1 F Change ☐ Addition HOFFMAN, CHARLES S NAME STREET ADDRESS **4813 ATTAWAY DRIVE** STREET ADDRESS CITY-ST-ZIP **PACE FL 32571** CITY-ST-ZIP TITLE Change ☐ Addition THIE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP Change ☐ Addition TITE F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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

FILED

Woodrow King dr 02-03-05 (850)256-21000 DIRECTOR Date Daytine Phone #