2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P95000074422 Mar 01, 2006 08:00 AN 1. Entity Name **Secretary of State** ESTEP CONSTRUCTION, INC. Principal Place of Business Mailing Address 689 BINION ROAD APOPKA FL 32703 689 BINION ROAD APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 59-3339339 Not Applicable Zin Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ESTEP, JEFFREY R Street Address (P.O. Box Number is Not Acceptable) 689 BINION ROAD APOPKA FL 32703 City 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, Registored Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 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 ☐ Delete ☐ Change ☐ Addilio ESTEP, ELBERT D NAME STREET ADDRESS 689 BINION ROAD STREET ADDRESS U00000450816 CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP - 03, 10, 06-80020-022, 150, 10 N N Addition ☐ Delete TITLE TITLE NAME ESTEP, JEFFREY R STREET ADDRESS 689 BINION ROAD STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP TITLE ☐ Delete ☐ Change A design NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change A Adminis NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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

YPED OR PRINTED NAME OF SIGNING OFFICER OR DI

Daytimo Phone #