2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 04, 2004 8:00 am Secretary of State **DOCUMENT # 125794** 1. Entity Name 03-04-2004 90018 015 ***150.00 THE WITTERS CONSTRUCTION COMPANY Principal Place of Business Mailing Address 1040 SE 14Th ST. 1397 SE TOTH AVE 1040 SE 14Th; ST 1397-SE-10TH-AVE Hialeah, FL 33010 HIALEAH FL 33010 Haleah FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-0515260 Not Applicable Zip Country 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 Clifford J. Nagel NAGEL, CLIFFORD J, JR. Street Address (P.O. Box Number Is Not Acceptable) 1397 SE TOTH AVE HIALEAH FL-33010 Hialeah Zip Code LO 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. (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 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 11. PDC TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAGEL, CLIFFORD J. JR. NAME 1397 SE 10TH AVENUE STREET ADDRESS STREET ADDRESS HIALEAH FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAGEL, BRENT C NAME STREET ADDRESS 1397 SE 10TH AVENUE STREET ADDRESS HIALEAH FL CITY-ST-ZIP CITY-ST-ZIP TITI F DΥ Delete Change ☐ Addition NAME NAGEL, CRAIG J. NAME STREET ADDRESS 1397 SE 10TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL TITLE Delete TITLE Change Addition EIFERT, JOHN L NAME NAME STREET ADDRESS 1397 SE 10TH AVENUE STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 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 oath; that I am an officer or director of the corporation or the receiver of 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.

NNG OFFICER OR DIRECTOR

FILED