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

SIGNATURE:

Feb 16, 2005 8:00 am Secretary of State **DOCUMENT # 245631** 1. Entity Name 02-16-2005 90047 029 ***150.00 NADER CONSTRUCTION CO INC Principal Place of Business Mailing Address 425 MACARTHUR DR 425 MACARTHUR DR ORLANDO FL 32839 ORLANDO FL 32839 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 59-0939846 Not Applicable Zip Country Ζiρ Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NADER, DOROTHY V. 425 MACARTHUR DR. ORLANDO, FL ORLANDO FL 32839 8. The above named entity submits this statement for the purpose of changing its registr the obligations of registered agent SIGNATURE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. **PSD** TITLE □ Delete TITLE ☐ Change Addition NADER, GEORGE M NAME NAME 425 MCARUTHUR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDÓ FL 32839 CITY-ST-ZIP **VTD** ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NADER, DOROTHY V NAME 425 MACARUTHUR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32839 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 receive 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 in changed, or on an attachment with an address, with all other like empowered.

FILED