. 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP

FILED Mar 22, 2004 08:00 AM Secretary of State **DOCUMENT #353636** 1. Entity Name SPEIR CONSTRUCTION COMPANY Principal Place of Business Mailing Address 2433 E MAIN ST 2433 E MAIN ST LAKELAND, FL 33801 LAKELAND, FL 33801 No Chg-P CR2E034 (10/03) 03162004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1309263 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPEIR, ANNIE RUTH DO NOT WRITE 1323 PL PLACE LAKELAND, FL 33801 IN THIS SPACE 3. 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 regularors agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May 8e FilE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE SPEIR, ANNIE RUTH MAME STREET ADDRESS 1323 PLEASANT PLACE U00000094057 LAKELAND, FL CITY-ST-ZIP 03/22/04-80044-001 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE क्ता≠ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 7375 F

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

8-17-04