2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #357609 1. Entity Name 06 NOV 17 PM 1: 07 MOSLEY AND SON CONSTRUCTION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1400 SE MONTEREY RD 1400 SE MONTEREY RD STUART, FL 34994 STUART, FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09262006 CR2E034 (11/05) City & State City & State 4, FEI Number Applied For 59-1318547 Not Applicable Country Zip Country Zip \$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 MOSLEY, REBECCA Street Address (P.O. Box Number is Not Acceptable) 9167 SW 21ST DR STUART, FL 34957 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Managing Director NICHOLE DEMSKI ☐ Delete ☐ Change TITLE TITLE MOSLEY, GARY NAME NAME 1400 SE Monterey Rd 1400 SE MONTEREY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART, FL ☐ Channe ☐ Addition ST TITLE ☐ Delete TITEF MOSLEY, REBECCA NAME NAME 1400 SE MONTEREY ROAD STREET ADDRESS STREET ADDRESS 300081915193 STUART, FL CITY-ST-7IP CITY-ST-ZIP <u> 1/17/06--01062--003</u> ☐ Change Addition Deleta TITLE TITLE NAME MORGAN, PHILIP W., JR. NAME 1400 SE MONTEREY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE VIVIAN, BEBOUT NAME NAME 1400 SE MONTERAY RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP STUART, FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete THIE TITLE 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 Chapter 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 eath; 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.

NING OFFICER OR DIRECTOR

APPROVEL.

11-13-06