2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 17, 2004 8:00 am Secretary of State **DOCUMENT # 423872** 1. Entity Name 05-17-2004 90012 018 ***550.00 MULLER CONSTRUCTION, INC. Principal Place of Business Mailing Address 8227 SW ARCHER RD 8227 SW ARCHER RD GAINESVILLE FL 32608 GAINESVILLE FL 32608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State Applied For City & State 4. FEI Number 59-2192876 Not Applicable Country Zip Country Zip \$8,75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MULLER, KEITH M Street Address (P.O. Box Number is Not Acceptable) 8227 SW ARCHER ROAD GAINESVILLE FL 32608 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Change ☐ Addition MULLER, KEITH NAME NAME 8227 SW ARCHER STREET ADDRESS STREET ADDRESS GAINSVILLE, FL 00000 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MULLER, BETTY NAME NAME STREET ADDRESS 125 NE 1ST ST APT #2 STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS FL 32643 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 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

Muller 5-15-04 386-454-4137

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED