2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2008 8:00 am Secretary of State **DOCUMENT #481107** 1. Entity Name 04-29-2008 90087 007 ***150 00 VANLANDINGHAM CONSTRUCTION, INC. Principal Place of Business Mailing Address 2737 CAPITAL CIR. NE 2737 CAPITAL CIR. NE TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business - No P.O. Box # Mailing Address 732 CAPITA 2732 CAPITALCIR Suite, Apt. #, etc. Suite, Apt. #, etc. 04282008 Cha-P CR2E034 (12/06) 000 City & State City & State 4. FEI Number Applied For TALLAHASSEE FL 59-1614082 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U5 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IANLANDINGHAM WILL IAM VANLANDINGHAM, WILLIAM W. Street Address (P.O. Box Number is Not Acceptable) 3421 CASTLEBAR CIRCLE TALLAHASSEE, FL 32308 ASTLEBAR CR CLE 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 agen 4-78-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VANLANDINGHAM, WILL, A Change W. Addition 3421 CASTLEBAR CIRCLE TITLE ☐ Delete TITLE VANLANDINGHAM, WILLIAM W NAME NAME STREET ADDRESS 3421 CASTLEBAR CIRCLE STREET ADDRESS TALLAHASSEE FL 32309 CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition VANLANDINGHAM GWEN D 3421 CASTLEBAR CIRCLE NAME VANLANDINGHAM, GWEN D MAME STREET ADDRESS 3421 CASTLEBAR CIRCLE STREET ADDRESS CITY-ST-ZIF TALLAHASSEE, FL 32308 CITY - ST - ZIP AHASSEE 2309 TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition 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 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.

4-28-08

FILED