2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 22, 2005 8:00 am Secretary of State **DOCUMENT # 555965** 04-22-2005 90270 033 ***150.00 1. Entity Name **EXECUTIVE CONSTRUCTION COMPANY OF SARASOTA** Principal Place of Business Mailing Address 1945 17TH ST 1945 17TH ST 20041268 SARASOTA, FL 34234 SARASOTA, FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04182005 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 59-1798330 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARDSON, ANDY Street Address (P.O. Box Number is Not Acceptable) 1945 17TH ST SARASOTA, FL 34234 City Zip Code FL 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 ANDY RICHARDSON, VICE PRESIDENT 18 APROS SIGNATURE yped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CEO M Change TITLE ☐ Delete TITLE Addition RICHARDSON, T.J. RICHARDSON, T J NAME NAME 1945 17TH ST 1945 17TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34234 CITY-ST-ZIP SARASOTA, FL 34234 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME RICHARDSON, ANDY NAME STREET ADDRESS 1945 17TH STREET STREET ADDRESS SARASOTA, FL 34234 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE MERCER , DAVID MERCER, DAVID NAME NAME 1945 17TH ST. **1945 17TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34234 CITY-ST-ZIP SARAGOTA, FL 34234 Delete TITLE ☐ Change ☐ Addition 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-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiver or trissee employered 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 attachmen Ith all other like empowered.

ANDY RICHARDSON , VICE- PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED

941 - 365 . 5252

Daytime Phone #

<u>18 MPL 05</u>