2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 21, 2004 08:00 AM **DOCUMENT # 556828 Secretary of State** KOLAR CONTRACTING COMPANY, INC. Principal Place of Business Mailing Address 36 SEA MARSH ROAD 36 SEA MARSH ROAD AMELIA ISLAND, FL 32034 AMELIA ISLAND, FL 32034 01112004 CR2E034 (10/03) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2068954 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KGLAR, RONALD E. DO NOT WRITE 36 SEA MARSH ROAD FERNANDINA BEACH, FL 32034 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. Surveture, typed or pointed name of repostered agent and title if applicable. (NOTE: Registered Apent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOWIII FEE 18 \$150,00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS TETS F NAME KOLAR, RONALD E. STREET ADDRESS 36 SEA MARSH ROAD U00000009436 CITY-ST-ZIP AMELIA ISLAND, FL 01/21/04-80011-014 150.00 IIILE KOLAR, ALAN E. NAME STREET ADDRESS 36 SEA MARSH RD. CITY-ST-ZIP AMELIA ISLAND, FL TITLE KOLAR, JANET H. NAME STREET ADDRESS 36 SEA MARSH ROAD DO NOT WRITE CITY-ST-ZIP AMELIA ISLAND, FL TITLE IN THIS SPACE KOLAR, ERIC S. MARKE STREET ADDRESS 36 SEA MARSH ROAD AMELIA ISLAND, FL CITY-ST-ZIP TIFLE NAME STREET ADDRESS CRTY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 frustee 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 attachighnt with an address, with at other like empowered. ENAND E FAM

STREET ADDRESS CITT-ST-ZIP

SIGNATURE:

MATURE AND TYPED OR PRINTED HAME OF BIGHING OFFICER OR DIRECTOR