2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Mar 01, 2005 08:00 Al **DOCUMENT # 556828 Secretary of State** 1. Entity Name KOLAR CONTRACTING COMPANY, INC. Mailing Address Principal Place of Business 36 SEA MARSH ROAD AMELIA ISLAND FL 32034 36 SEA MARSH ROAD AMELIA ISLAND FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-2068954 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOLAR, RONALD E. Street Address (P.O. Box Number is Not Acceptable) 36 SEA MARSH ROAD FERNANDINA BEACH FL 32034 Zip Code City 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 heme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Change TITLE ☐ Defete NAME KOLAR, RONALD E. MARAG 36 SEA MARSH ROAD STREET ADDRESS **U00**0000247501 STREET ADDRESS CITY-ST-ZIF CITY ST-ZIP AMELIA ISLAND FL 03/01/05-80024-023 150 ☐ Delete THILE ☐ Addition KOLAR, ALAN E. NAME NAME STREET ADDRESS 36 SEA MARSH RD. STREET ADDRESS CITY-ST-ZIP CITY ST ZIP AMELIA ISLAND FL Trick ☐ Change ☐ Addition ☐ Delete DIME STD NAME NAME KOLAR, JANET H. STREET ADDRESS 36 SEA MARSH ROAD STREET ADDRESS CITY-ST-ZIP CITY ST-71P AMELIA ISLAND FL Change Addition ۷D Delete TOTLE KOLAR, ERIC S. MALAF 36 SEA MARSH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AMELIA ISLAND FL CITY ST-ZIP ☐ Change ☐ Addition ☐ Delete ÜÜLÉ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TETLE ☐ Delete (III) N**A M**E NAME STREET ADDRESS STREET ADORESS CITY-ST 702 CHY-SI-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 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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