2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 12, 2008 8:00 am Secretary of State **DOCUMENT # F03000000081** 1. Entity Name 05-12-2008 90029 039 ***150.00 HARRY RUST CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 8689 DECOURSEY PIKE COVINGTON KY 41015 8689 DECOURSEY PIKE COVINGTON KY 41015 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 61-0989736 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Stephen Rust RUST, HARRY Street Address (P.O. Box Number is Not Acceptable) 2462 SE 14TH ST. 2476 SE 14th Street POMPANO BEACH FL 33062 Zip3C3H62 Pompano Beach 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 registated agent. 04/24/08 Stephen Rust Manager/Partner SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be 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. CP TITLE X Delete ппг Manager Change **▲** Addition RUST, HARRY NAME NAME Stephen Rust STREET ADDRESS 15 W. SOUTHERN AVE. STREET ADDRESS 2476 SE 14th Street CITY-ST-ZIP **COVINGTON KY 41015** CITY-ST-ZIP Pompano Beach, FL 33062 Manager Delete TITLE Change ■ Addition Tom Rust 8689 Decoursey Pike STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Covington, KY 41015 Dalete Manager TITI F TITLE ☐ Change **X**Addition Gary Rust MAME -NUME 8689 Decoursey Pike STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Covington, KY 41015 TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS OTY-ST-7P CHY-ST-7P TIDE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED