
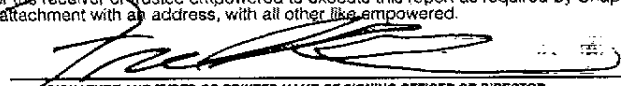


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F15275</b> 1. Entity Name <b>PLUMMER CONSTRUCTION COMPANY, INC.</b>		
Principal Place of Business <b>600 S. MAIN ST. P.O. BOX 701 MINNEOLA, FL 34755</b>	Mailing Address <b>600 S. MAIN ST. P.O. BOX 701 MINNEOLA, FL 34755</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>PLUMMER, FREDERICK K P.O. BOX 701 600 SOUTH MAIN ST. MINNEOLA, FL 34755</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>U00000609685 02/01/07-80061-003 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS PLUMMER, FREDERICK K. 600 S. MAIN ST. MINNEOLA, FL 0,</b>	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PLUMMER, FREDERICK K 600 S. MAIN ST. MINNEOLA, FL 3,</b>	
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12. I hereby certify that the information supplied with this filing 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.		
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1-18-07 352.394.3376</b> <small>Date Daytime Phone #</small>