2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2007 8:00 am Secretary of State DOCUMENT # F42819 1. Entity Name 03-21-2007 90039 047 ***150.00 NORFLEET CONSTRUCTION COMPANY Principal Place of Business Mailing Address 2808 NW SR 45 2808 NW SR 45 NEWBERRY FL 32669 NEWBERRY FL 32669 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2208544 Not Applicable Zip Country 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 Namo NORFLEET, EDWARD Street Address (P.O. Box Number is Not Acceptable) 2808 NW SR 45 **NEWBERRY FL 32669** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature reduired when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. VCD MLE ☐ Delete HILE Change ☐ Addition NORFLEET, EDWARD NAME 2808 NW SR 45 STREET ADDRESS STREET ADDRESS NEWBERRY FL 32669 CITY-S1-ZIP CITY-ST-7IP TITLE ☐ Delete HILE □ Change Addition NORFLEET, PHYLLIS 2808 NW SR 45 STREET ADDRESS STREET ADDRESS NEWBERRY FL 32669 CITY - ST- ZIP CITY-SI-7/P PD ☐ Change Addition THILE Delete NorFleet, Edward 111 DWOFLEET, EDWARD III NAME NAME STREET ADDRESS 2808 NW SR 45 STREET ADDRESS NEWBERRY FL 32669 CITY-SI-7/P CITY-SI-ZIP Delete TITLE TITLE Change ☐ Addition NORFLEET, PAUL W NAME 2808 NW 2R 45 STREET ADDRESS STREET ADDRESS NEWBERRY FL 32669 CITY-ST-7IP CITY - S1 - ZIP Delete Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition 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 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 otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTING NAME OF SIGNING OFFICER OR DIRECTOR

3-12-07 354-5110

FILED