2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attach

SIGNATURE AND TYPE

SIGNATURE:

Mar 21, 2008 8:00 am Secretary of State **DOCUMENT #G53549** 03-21-2008 90024 022 ***150.00 1. Entity Name KONITZ CONSTRUCTION, INC. Principal Place of Business Mailing Address 4003777 9090 102 AVE N 9090 102 AVE N LARGO, FL 33777 LARGO, FL 33777 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 59-2430605 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KONITZ, PAUL Street Address (P.O. Box Number is Not Acceptable) 9090 102 AVE N ST. PETERSBURG, FL 33777 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 required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST ☐ Addition TITLE ☐ Delete TITLÉ NAME KONITZ, PAUL NAME 9090 102 AVE NORTH STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33777 TITLE ☐ Delete ☐ Change ☐ Addition KONITZ, PUAL NAME NAME STREET ADDRESS 9090 102 AVE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33777 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME 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 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 attachpent with applications, with all other like empowered.

Paul J. Konitz, President

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

727-392-4286

Davtme Phone #