2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H29706

1. Entity Name IRONWOOD CONSTRUCTION CO., INC.



FILED Feb 11, 2008 08:00 Al Secretary of State

Principal Place of Business

1297 SCOTLAND ROAD HAVANA, FL 32333 US Mailing Address

PO BOX 2538 HAVANA, FL 32333



DO NOT WRITE IN THIS SPACE

01112008 No Chg-P C

CR2E034 (11/05)

4. FEI Number 59-2462274

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LACAYO, JOSEPH L 9730 FARAWAY FARM ROAD TALLAHASSEE, FL 32311

9730 FARAWAY FARM ROAD

TALLAHASSEE, FL

DO NOT WRITE

| 8. The above | named entity submits this statement for the p | urpose of changing its register | The state of the s | both, in the State of Florida. I am | |
|--|--|--|--|--|----------------------------|
| the obligat | ions of registered agent. Signature, typed or printed name of registered agent and title if | ANOTE Booksey | nd Agent signature required when reinstaling | DATE | |
| | E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | Election Campaign Final Trust Fund Contribution. | ncing \$5.00 May Be | | |
| 10. | OFFICERS AND DIREC | TORS | 1: 110 10 10 10 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES LACAYO, JOSEPH L 9730 FARAWAY FARM ROAD TALLAHASSEE, FL 32311 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV MALONE, THOMAS S III 630 SCOTLANT ROAD HAVANA, FL 32333 | | | 1,02750000953351, 1,027500009-80059, 1,027500009-80059, | 1909-188-78 -009-188-78 |
| TITLE NAME | DST LACAYO, PENNY B | | | SALARIA BANGANAN SALARIA SALARIARIA SALARIA SALARIARIA SALARIARIA SALARIARIA SALARIA SALARIA SALARIA SALARIA SALARIA SALARIA S | |

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12. Thereby 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 flustee 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 an other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

1 cs.

1/14/08

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