2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H36484

Entity Name: CAPEVIEW CONSTRUCTION, INC.

FILED Sep 07, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace of Business:	New Principal Place of Business.

3274 OVERLAND RD 3274 OVERLAND ROAD APOPKA, FL 32703 US APOPKA, FL 32703 US

Current Mailing Address: New Mailing Address:

3274 OVERLAND RD APOPKA, FL 32703 US

FEI Number: 59-2510656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRAVEN, D. WAYNE

528 SPRINGHOLLOW BLVD

APOPKA, FL 32712 US

E. CLYDE TUCKER

5315 LEE ANN DRIVE

ORLANDO, FL 32808 US

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.

SIGNATURE: E. CLYDE TUCKER 09/07/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 CRAVEN, D. WAYNE,
 Name:
 E. CLYDE TUCKER,

 Address:
 828 SPRINGHOLLOW BLVD
 Address:
 5315 LEE ANN DRIVE

 City-St-Zip:
 APOPKA, FL 32712
 City-St-Zip:
 ORLANDO, FL 32808

Title: V () Delete Title: V (X) Change () Addition

 Name:
 TUCKER, E. CLYDE
 Name:
 TUCKER, WESLEY

 Address:
 5315 LEEANN DR
 Address:
 5300 LEE ANN DRIVE

 City-St-Zip:
 ORLANDO, FL 32808
 City-St-Zip:
 ORLANDO, FL 32808

 $\label{eq:title:V} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change ($)$ Addition}$

 Name:
 TUCKER, WESLEY CLAY
 Name:
 TUCKER, BEVERLY

 Address:
 5300 LEEANN DR.
 Address:
 5312 LEE ANN DRIVE

 City-St-Zip:
 ORLANDO, FL 32811
 City-St-Zip:
 ORLANDO, FL 32808

Title: () Delete Title: ST () Change (X) Addition

 Name:
 Name:
 TUCKER, TRÌNA

 Address:
 Address:
 5315 LEE ANN DRIVE

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32808

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. CLYDE TUCKER P 09/07/2007