2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 06, 2008 8:00 am DOCUMENT # H47597 **Secretary of State** 1. Entity Name 03-06-2008 90040 028 ***150.00 ROY RODGERS CONSTRUCTION, INC. Principal Place of Business Mailing Address 3390 GANDY BLVD 3390 GANDY BLVD #657 SAINT PETERSBURG FL 33702 SAINT PETERSBURG FL 33702 2. Principal Place of 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For 4. FEI Number 59-2519302 Not Applicable Z_{ip} 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 RODGERS, ROY Street Address (P.O. Box Number is Not Acceptable) 3390 GANDY BLVD #657 SAINT PETERSBURG FL 33702 4 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 ed agent and title it applicable. (NOTE: Redistored Appril authiture required when reinstating) After May 1, 2008 Fee Will Be \$550.00 Check Payable to Florida December 1 \$5.80 May Be 9. Election Campaign Financing Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PVST** Delete TITE E ☐ Change ☐ Addition RODGERS, ROY R. NAME NAME STREET ADDRESS 3390 GANDY BLVD #657 STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33702 CITY-ST-ZIP TITLE Derete TITLE ☐ Change Addition RODGERS, ROY R. NAME STREET ADDRESS 3390 GANDY BLVD #657 STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33702 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDIRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 20p 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 trustife 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 a other like opowered.

G OFFICER OR DIRECTOR

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