2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 22, 2008 08:00 A **DOCUMENT # J50584** Secretary of State 1. Entity Name H & L BUILDERS OF NORTH FLORIDA, INC. Principal Place of Business Mailing Address 11084 TUNG GROVE RD 11084 TUNG GROVE RD TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 US HS CR2E034 (11/05) 01142008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2751026 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent BROWN, IAN P/A/ DO NOT WRITE 1307 S JEFFERSON ST MONTICELLO, FL 32344 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent argusture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HILL, HARLAN J NAME 11084 TUNG GROVE RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 TITLE NAME . STREET ADDRESS U00000791002 01/23/08-80055-021 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIDE NAME

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 attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-7IP

> HARLAN TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850.569-7147