2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# J64835

Entity Name: MCINTYRE ELWELL & STRAMMER GENERAL CONTRACTORS, INC.

Current Principal Place of Business:

C/O JOHN A MCINTYRE
1645 BARBER ROAD
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

C/O JOHN A MCINTYRE
1645 BARBER ROAD
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 59-2797056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCINTYRE, JOHN A.
1645 BARBER RD
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCINTYRE, JOHN A.,
Address: 1645 BARBER ROAD
City-St-Zip: SARASOTA, FL

Title: VP ( ) Delete
Name: STRAMMER, FRED
Address: 1645 BARBER RD
City-St-Zip: SARASOTA, FL

Title: T ( ) Delete
Name: EARNEST, TINA
Address: 1645 BARBER RD
City-St-Zip: SARASOTA, FL

Title: S ( ) Delete
Name: FREEMAN, MARK
Address: 1645 BARBER ROAD
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCINTYRE, JOHN A.,
Address: 1645 BARBER ROAD
City-St-Zip: SARASOTA, FL 34240

Title: VP (X) Change ( ) Addition
Name: STRAMMER, FRED
Address: 1645 BARBER RD
City-St-Zip: SARASOTA, FL 34240

Title: T (X) Change ( ) Addition
Name: EARNEST, TINA
Address: 1645 BARBER RD
City-St-Zip: SARASOTA, FL 34240

Title: S (X) Change ( ) Addition
Name: FREEMAN, MARK
Address: 1645 BARBER ROAD
City-St-Zip: SARASOTA, FL 34240

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: JOHN A. MCINTYRE P 02/03/2009

Electronic Signature of Signing Officer or Director — Date