2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # J76864 02-11-2008 90044 044 ***150.00 TERK'S CONTRACTING & CONSTRUCTION, INC. Principal Place of Business Mailing Address 4538 W TROUBLE CREEK ROAD 4538 W TROUBLE CREEK ROAD **NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-P CR2E034 (12/06) City & State City & State 4 FEI Number Applied For 59-2832966 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Terkeurs rnard TER KEURST, BERNARD Street Address (P.O. Box Number is Not Acceptable) 4532 W TROUBLE CREEK RD NEW PORT RICHEY, FL 34652 Irondale Lane 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 red Agent signature required when roinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTS Delete ☐ Addition TITLE TITLE Bernard Terkeurst TER KEURST, BERNARD NAME NAME 9211 Frondale Lane 4532 W TROUBLE CREEK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-7IP HUDSON, FL 34667 Delete ☐ Change TITLE TITLE Addition TER KEURST, BERNARD NAME NAME 4532 W TROUBLE CREEK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP MILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ΠLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 12. I hereby certify that the information supplied with this filling 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 frustee 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 empoyered.

FILED

Feb 11, 2008 8:00 am

Daytime Phone #