2008 FOR PROFIT CORPORATION

CITY-ST-7IP

FILED ANNUAL REPORT Mar 31, 2008 08:00 A **DOCUMENT # K09917** Secretary of State 1. Entity Name DOBSON CONSTRUCTION, INC. Principal Place of Business Mailing Address 3300 W. VILLA ROSA STREET 3300 W. VILLA ROSA STREET TAMPA, FL 33611 US TAMPA, FL 33611 US No Chg-P CR2E034 (11/05) 03262008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2863578 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOBSON, PHILIP C DO NOT WRITE 3300 W. VILLA ROSA STREET TAMPA, FL 33611 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE U00000874425 04/10/08-80119-005 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DOBSON, PHILIP C NAME 3300 W. VILLA ROSA STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

NTED MAME OF SIGNING OFFICER OR DIRECTOR