2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 27, 2004 8:00 am Secretary of State DOCUMENT # K78022 05-27-2004 90017 040 ***150 00 1. Entity Name TURNER ROSS CONSTRUCTION, INC. Principal Place of Business Mailing Address 8842 PHYLLIS AVE 8842 PHYLLIS AVE 24077311 SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business 3. Mailing Address 8842 PHUL Suite, Apt. #, etc. Suite, Apt. #. etc. 03082003 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Sara 65-0113708 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Sakasota Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TURNER, BRANDON Street Address (P.O. Box Number is Not Acceptable) 8842 PHYLLIS AVE SARASOTA, FL 34231-4720 Same 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delcte TATLE ☐ Addition TITLE Charge NAME TURNER, BRYAN NAME STREET ADDRESS 8842 PHYLISS QUE ... STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CHY-ST-ZIP Delete TITLE Change ☐ Addition TITLE BRANDON, TURNER NAME NAME STREET ADDRESS 8842 PHYLLISS AVE. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition =TURNER#DIANE -NAME NAME 200 STREET ADDRESS STREET ADDRESS 8842 PHYLISS AVENUE CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP TITI F TITI F Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

TURNER
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED