2004 FOR PROFIT CORPORATION

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP TITLE

NAME

FILED Feb 25, 2004 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # L01683 *** 1. Entity Name 02-25-2004 90028 005 ***150.00 CALHOUN CONSTRUCTION COMPANY Principal Place of Business Mailing Address PO BOX 770159 P.O. BOX 770159 54011246 WINTER GARDEN FL 34777-0159 WINTER GARDEN FL 34777-0159 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 65-0143403 Not Applicable Country Zip Country Zip \$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 Street Address (P.O. Box Number is Not Acceptable) CALHOUN, WAYMOND H JR 13102 SHÓRE DRIVE 705 ARCHUS WINTER GARDEN FL 34787 City Zio Code 9/AIRDEN WINTER 3*4787* 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. WAYmond H. Calhour JR SIGNATURE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. ☐ Change ☐ Addition TITLE ☐ Delete CALHOUN, TILDA DUKE NAME NAME STREET ADDRESS 127 DUKE ROAD STREET ADDRESS COLUMBIA LA 71418 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME CALHOUN, WAYMOND MARKE 127 DUKE ROAD STREET ADDRESS STREET ADDRESS COLUMBIA LA 71418 City-St-7iP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME CALHOUN, WAYMOND HIJ NAME 705 ARCHUS CP STREET ADDRESS STREET ADDRESS 13102 SHORE DRIVE CITY-ST-ZIP Winter Garden, FL. 34787 CITY-ST-7IP WINTER GARDEN FL 34787 TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filing 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.

STREET ADDRESS

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CITY-ST-ZIP

☐ Change

☐ Addition

CITY-ST-ZIP

TITLE

NAME

Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR