2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 20, 2007 08:00 AM **DOCUMENT #L47197 Secretary of State** 1. Entity Name DUKE PLATT CONSTRUCTION, INC. Principal Place of Business Mailing Address 2960 GOLFVIEW DRIVE P.O. BOX 728 ZOLFO SPRINGS, FL 33890 ZOLFO SPRINGS, FL 33890 CR2E034 (11/05) 02092007 No Chg-P DO NOT WRITE IN THIS SPACE Appiled For 4. FEI Number 65-0180178 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PLATT, MARION R. DO NOT WRITE 2960 GOLFVIEW DR. ZOLFO SPRINGS, FL 33890 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent ergnature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PLATT, MARION NAME STREET ADDRESS 2960 GOLFVIEW DRIVE CITY-ST-ZIP ZOLFO SPRINGS, FL 33890 U00000673573 03/29/07-80034-021 150.00 TITLE NAME PLATT, DEBORAH B STREET ADDRESS 2960 GOLFVEIW DR CITY-ST-ZIP ZOLFO SPRINGS, FL 33890 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OFFIGER OR DIRECTOR

Pres.

3/14/07

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FILED