


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L58040</b> 1. Entity Name <b>BEVIL CONSTRUCTION, INC.</b>	
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Principal Place of Business <b>12 SLEEPY HOLLOW DRIVE MARY ESTHER, FL 32569 US</b>	Mailing Address <b>12 SLEEPY HOLLOW DRIVE MARY ESTHER, FL 32569 US</b>
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**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2998973</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BEVIL, MARYLYN  
12 SLEEPY HOLLOW DRIVE  
MARY ESTHER, FL 32569**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<b>BEVIL, JOHN</b>
NAME	
STREET ADDRESS	<b>12 SLEEPY HOLLOW DRIVE</b>
CITY-ST-ZIP	<b>MARY ESTHER, FL</b>
TITLE <b>P</b>	<b>BEVIL, MARYLYN</b>
NAME	
STREET ADDRESS	<b>12 SLEEPY HOLLOW DRIVE</b>
CITY-ST-ZIP	<b>MARY ESTHER, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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05/23/08-80041-025 150.00

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.

**SIGNATURE:** *Marylyn Bevil* *Marylyn Bevil* **4/28/08** **850-664-1285**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #