2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 30, 2007 8:00 am Secretary of State DOCUMENT # L91838 1. Entity Name 01-30-2007 90009 022 ***150.00 STEPHENSON CONSTRUCTION, INC. Principal Place of Business Mailing Address 826 RANCHO ALEGRE PL FORT MEADE FL 33841 826 RANCHO ALEGRE PL FORT MEADE FL 33841 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3025559 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEPHENSON, RICHARD 826 RANCHO ALEGRE PL Street Address (P.O. Box Number is Not Acceptable) FORT MEADE FL 33841 Zip Code FL 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 r applicable (NOTE Registered Agent signature recuired when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11111 Delete 11111 Addition STEPHENSON, RICHARD Stephenson Riegredpi. NAMI NAME 5378 E. ROBERTS ROAD STREET ADDRESS STREET ADDRESS Fort Meade, F1 33841 AVON PARK FL CHY ST ZIP CHY ST ZIP 1110 ☐ Delete Change Addition NAMI MAMI STREET ADDRESS STREET ADDRESS CUY-ST-ZIP CHY SI ZIP THE ☐ Delete Change Addition 11111 NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY ST 7IP uш ☐ Change Addition Delete NAMI NAMI STREET ADDRESS STREET ADDRESS CHY SE ZIP CHY ST ZIP 11111 ☐ Delete Change Addition 1011 STREET ADDRESS STREET ADDRESS City-St ZIP CHY SI ZIP 11111 ☐ Defete HILE Change ☐ Addition NAMI. NAMI STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED