2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED .
Feb 11, 2008 08:00 Al Secretary of State.

| ANNUAL REPURI | | | | | TED 11, 2000 00. | | | |
|---|---|---|-------------------------------|--|--|--|----------------------------|--|
| DOCUMENT # L98828 | | | | | | Secre | etary of S | |
| 1. Entity Name KELLER CONSTR | UCTION, INC. | | | | , | | | |
| Principal Place of Business 11548 OSPREY PTE. BLV CLERMONT, FL 34711 | / D. 1 | ailing Address 1548 OSPREY PTE, BLVD. CLERMONT, FL 34711 | | E PERIODI II | M 2010 AND | 13 - 178 13 - 178 14 - 17816 | RIDII BIDII AIRKOOL S IDDI | |
| DO NOT WRITE IN THIS SPA 6. Name and Address of Current Registered Agent | | | CE | 01042008 No Chg-P CR2E034 (11/05) 4. FEI Number | | | | |
| KELLER, MARK 11548 OSPREY PTE CLERMONT, FL 34 | ed office or register | DO NOT WRITE IN THIS SPACE registered agent, or both, in the State of Florida. I am familiar with, and accept | | | | | | |
| SIGNATURE Signature, typed | or printed name of registered agent and title | of applicable (NOTE: Registers | d Agent signsture require | I when remetating) | | DATE | | |
| | FEE IS \$150.00 I Fee will be \$550.00 | Election Campaign Final Trust Fund Contribution. | | .00 May Be led to Fees | | | | |
| 10. ITILE PV NAME KELLER, STREET ADDRESS 226 MAIN CITY-ST-ZIP WINDERN ITILE NAME STREET ADDRESS | STREET | CTORS | | | 0000 02/20/0 | 0082408 98-80064 | 36 4-801 150.80 | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | DO NOT WRITE IN THIS SPACE | | | | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | | | | | | |

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 call; 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 anladgress, with all othertike empowered.

SIGNATURE:

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/0/08

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