2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M72111

1. Entity Name CONSTRUCTION NOTICE SERVICES, INC.



Principal Place of Business

C/O EDSEL F. MATTHEWS, JR. 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32501 Mailing Address

C/O EDSEL F. MATTHEWS, JR. 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32501

FILED Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90294 048 ***150.00



04252005

No Chg-P

CR2E034 (10/03)

4. FEI Number 54-2080616 NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MATTHEWS, EDSEL F., JR. 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32501

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. | Signature, typed or printed name of registered agent and title | # applicable. (NOTE: Registered | d Agent signsture | a required when reinstating) | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees | | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MATTHEWS, EDSEL F., JR. 308 S JEFFERSON ST. PENSACOLA, FL | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NOT WRITE | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS SPACE | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | gan | , ₋ | | • | |

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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF

KALEN W. YOUNG

425-05

Daytime Phone #