2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # P00000015751** 04-03-2006 90409 036 ***150.00 1. Entity Name R & L PULLIAM CONSTRUCTION, INC. Principal Place of Business Mailing Address 50008539 8026 MOONLIGHT LANE 8026 MOONLIGHT LANE **NEW PORT RICHEY, FL 34654 NEW PORT RICHEY, FL 34654** 2. Principal Place of Business 3. Mailing Address 10276 CALICO WARBLER AVE. 10276 CALICO WARBLER AVE Suite, Apt. #, etc. Suite, Apt. #, etc. 03182006 CR2E034 (11/05) Chg-P City & State City & State Applied For 4. FEI Number WEEKI WACHEE, FLWEEKI WACHEE, FL 59-3627090 Not Applicable Country ^{Zip}34613 Country 34613 \$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 ^NPULLIAM, RICHARD PULLIAM, RICHARD Street Address (P.O. Box Number is Not Acceptable) 10276 CALICO WARBLER AVE. 8026 MOONLIGHT LANE NEW PORT RICHEY, FL 34654 CWEEKI WACHEE 2134643 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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE Change ☐ Addition PULLIAM, RICHARD NAME NAME 10276 CALICO WARBLER AVE. 8026 MOONLIGHT LANE STREET ADDRESS STREET ADDRESS WEEKI WACHEE, FL 34613 NEW PORT RICHEY, FL 34654 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition HILE TITLE NAME PULLIAM, LINDA NAME STREET ADDRESS 8026 MOONLIGHT LANE STREET ADDRESS 10276 CALICO WARBLER AVE. CITY-ST-ZIP NEW PORT RICHEY, FL 34654 CITY-ST-ZIP WEEKI WACHEE, FL 34613 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-78P CITY_ST-7P ☐ Delete TITLE ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 only, 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 yith an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:X INTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

FILED