2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2007 08:00 A **DOCUMENT # P00000060611 Secretary of State** 1. Entity Name RYBA CONSTRUCTION, INC. Mailing Address Principal Place of Business PO BOX 27 224 E INTENDENCIA ST PENSACOLA, FL 32591-0027 PENSACOLA, FL 32501 CR2E034 (11/05) 01082007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3655261 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RYBA, STANLEY J DO NOT WRITE 224 E INTENDENCIA ST PENSACOLA, FL 32501 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 persed name of registered agent and title if applicable. (NOTE: Registered Agent aignature inquired when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. MLE D RYBA, STANLEY J NAME U00000601675 224 E INTENDENCIA ST STREET ADDRESS 01/26/07-30059-007 150.00 CITY-ST-ZIP PENSACOLA, FL 32501 nn £ NASE STREET ADDRESS CITY-ST-ZP HALF STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE SALE STREET ADDRESS CITY-SI-ZIP उधा

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADORESS CTTY-ST-ZP TITLE NUE STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF MIGNING OFFICER OR DIRECTOR

Daytime Phone #