2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 02, 2006 08:00 AN Secretary of State DOCUMENT # P00000097105 1. Entity Name HENRY CRAWFORD CONSTRUCTION, INC. Principal Place of Business Mailing Address 420 DEEP FOREST LANE 420 DEEP FOREST LANE PANAMA CITY BCH FL 32408 PANAMA CITY BCH FL 32408 2. Principal Place of Business 3. Maning Address Suite. Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3680939 Not Applicab Zip Country Country Zip \$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 STOPKA, ALBERT J III Street Address (P.O. Box Number is Not Acceptable) 108 MOSLEY DR. LYNN HAVEN FL 32444 City Zio Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May 2 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THEF ☐ Change Addition TITLE ☐ Delete NAME CRAWFORD, HENRY NAME STREET ADDRESS 420 DEEP FOREST LANE STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL CHY-ST-ZIP Change Addition ☐ Delete TITLE TITLE U00000558418 NAME NAME 05/17/06-80094-004 150.00 STREET ADDRESS STREET ADDRESS DITY - ST - ZIP CITY - ST - ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME MAMO STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ☐ Delete ☐ Change M Add: TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P ☐ Delete Change Adir" TITLE THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Deleto THE Addien TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE: How to Cause Henry Crawford 5-1-06 850-233-6580 Dotte Dotte Dotte Priorie #

12. Thereby certify that the information supplied with this filing does not quality 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