2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 04, 2005 08:00 AM **Secretary of State** DOCUMENT # P00000101835 1. Entity Name CHAS ALLEN & SONS SITEWORK, INC. Mailing Address Principal Place of Business _ P.O. BOX 990604 P.O. BOX 990604 NAPLES, FL 34116 NAPLES, FL 34116 02092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4 FEI Number 59-3674702 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALLEN, CHARLES DO NOT WRITE 1210 27TH STREET SW NAPLES, FL 34120 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSTD TITLE ALLEN, CHARLES D NAME STREET ADDRESS 3071 RAVENNA AVE. U000000250741 CITY-ST-ZIP NAPLES, FL 34120 03/04/05-80023-011 150.00 TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS 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 empowers to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

FILED