2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90866 040 ***150.00

DOCUMENT # P01000115313

1. Entity Name
PEDBAR CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1323 LAFAYETTE ST STE D CAPE CORAL, FL 33904	1323 LAFAYETTE ST STE D CAPE CORAL, FL 33904

04212007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
20701 WILLIAMS DR.	20701 williams DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. FORT MYERS, FL.	City & State: N. FORT MYERS, FL.
Zip: 33917 Country:	Zip: 33917 Country:

4. FEI Number: 33-1009149 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKERRETT, RICARDO 328 CAPE CORAL PKWY W #2 CAPE CORAL, FL FL339-14	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	PEREZ, JOHN W	
STREET ADDRESS	20701 WILLIAMS DR.	
CITY-ST-ZIP	NORTH FT. MYERS, FL 33917	
TITLE	VPD	☒ Delete
NAME	ARTURO, OSCAR	
STREET ADDRESS	1222 SE 47TH ST STE 210	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: [signature] J.W PEREZ 04/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #