


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90012 007 \*\*\*150.00

<b>DOCUMENT # P01000121120</b> 1. Entity Name CHRISTOPHER MCCAMMON CONSTRUCTION, INC.	
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Principal Place of Business <del>5730 COBBLE CREEK</del> <del>PACE, FL 32571</del>	Mailing Address <del>5730 COBBLE CREEK</del> <del>PACE, FL 32571</del>	<del>5395 SOUTHLAKE DR.</del> <del>PACE, FL 32571</del>
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01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 30-0003224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  MCCAMMON, CHRISTOPHER 5730 COBBLE CREEK PACE, FL 32571
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**DO NOT WRITE  
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) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCAMMON, CHRISTOPHER <del>5730 COBBLE CREEK DRIVE</del> 5395 SOUTHLAKE DR. PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALMERON, FRED 3670 BRIGHTWOOD PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWELL, MIKE 7604 HARVEY STREET PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08  
Date

850 982 5934  
Daytime Phone #