## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: James Moffitt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 28, 2008 8:00 am **Secretary of State** DOCUMENT # P02000004724 1. Entity Name 02-28-2008 90006 041 \*\*\*150.00 CHR CONSTRUCTION, INC. Principal Place of Business Mailing Address 128 BUSHNELL PLAZA BUSHNELL FL 33513 128 BUSHNELL PLAZA BUSHNELL FL 33513 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1333 W. CR48 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For City & State 01-0582079 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ffitt, James MOFFITT, JAMES 315 B WEST PARKER AVE **BUSHNELL FL 33513** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered rigent and tale if applicable (NOTE: Registered Agent signaturn required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD Mitt, James 1333 W. CR48 TITLE ☐ Delete TITLE **X** Change Addition MOFFITT, JAMES NAME STREET ADDRESS 107 E CENTRAL AVE STREET ADDRESS CITY-ST-ZIP BUSHNELL FL 33513 CITY-ST-ZIP Bushnell, FL 33513 TITLE Delete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITS F ☐ Change Addition Наме NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dalete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TIT! F TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify 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 if changed, or on an attachment with an address, with all other like exempwered.

FILED