2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2007 08:00 All Secretary of State DOCUMENT # P02000040129 1. Entity Namo MICHAEL NIESS CONSTRUCTION, INC. Principal Place of Business Mailing Address 811 MIDDLE DRIVE 811 MIDDLE DRIVE FT WALTON BEACH FL 32547 FT WALTON BEACH FL 32547 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3289330 Not Applicable Zip Country \$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 Namo NIESS, MICHAEL 811 MIDDLE DRIVE Street Address (P.O. Box Number is Not Acceptable) FT WALTON BEACH FL 32547 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ed when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D HILE. ☐ Delete TITLE ☐ Change ■ Addiljon NIESS, MICHAEL NAME NAME U00000637434 02/26/07-80061-005 150.00 811 MIDDLE DRIVE STREET ADDRESS STRUET ADDRESS FT WALTON BEACH FL 32547 CNY-ST-ZIP CITY-ST-7IP TITLE Defete TITLE Change Addition NAMO NAME STREET ADDRESS STRUCT ADORESS CHY-ST-ZIP CHY-ST-7IP mm. _ --- Delete THE _ — 🖃 Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP ☐ Delete HILE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HIII ☐ Delete TITLE Change Addition NAME: NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP IIId. Delete TATLE Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I horeby cortify that the information supplied with this filing 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 eath; 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 pother like empowered.

Michael Næss

SIGNATURE:

FILED