2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 19, 2004 8:00 am Secretary of State **DOCUMENT # P02000053264** 1. Entity Name 03-19-2004 90029 050 ***150 00 HARTLEY CAULFIELD CONSTRUCTION INC Principal Place of Business Mailing Address 2104 NW 22 AVE B-9 UNIT 106 STUART FL 34994 2104 NW 22 AVE B-9 UNIT 106 STUART FL 34994 2. Principal Place of Business 3. Mailing Address PoBox 1893 Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 02-0618527 TENSON BEACH Not Applicable Country USA Zin 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 CAULFIELD, HARTLEY Street Address (P.O. Box Number is Not Acceptable) 2104 NW 22 AVE B-9 UNIT 106 STUART FL 34994 City 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, DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete MILE TITLE Change Addition CAULFIELD, HARTLEY P NAME NAME STREET ADDRESS 2104 N.W. 22 AVE. B-9, UNIT 106 STREET ADDRESS CITY-ST-ZIP STUART FL 34994 CITY-ST-ZIP Delete □ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CtTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

HARTLEY P. CAULHELL

SNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

FILED