2005 FOR PROFIT CORPORATION

May 02, 2005 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2005 90542 034 ***150.00 DOCUMENT # P02000054808 DODSWORTH CONSTRUCTION, INC. 14014662 Principal Place of Business Mailing Address 10710 TREADWAY SCHOOL ROAD 10710 TREADWAY SCHOOL ROAD LEESBURG, FL 34788 LEESBURG, FL 34788 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04042005 Chg-P City & State 4. FEI Number Applied For City & State 71-0885407 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DODSWORTH, STEVEN A Street Address (P.O. Box Number is Not Acceptable) 10710 TREADWAY SCHOOL ROAD LEESBURG, FL 34788 City 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 2 me of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. PRESI DENT Change : ☐ Addition D Delete TITLE DOOSWORTH SCOT M. TITLE NAME DODSWORTH, STEVEN A NAME 1003 PERKINS ST. 10710 TREADWAY SCHOOL ROAD STREET ADDRESS STREET ADDRESS Florina 34748 CITY-ST-ZIP LEES BURG CITY-ST-ZIP LEESBURG, FL 34788 Vice President Addition Change ☐ Delete TITLE TITLE Carlos Wade CI 1228 Oak Dr NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME

FILED

12. 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 ampowered.

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP