2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 25, 2006 8:00 am Secretary of State 04-25-2006 90113 038 ***150 00 **DOCUMENT # P02000062209** 1. Entity Name BILL HART CONSTRUCTION CO. INC. Principal Place of Business Mailing Address 17395 76 ST N 17395 76 ST N LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212006 Chg-P CR2E034 (11/05) 4. FEI Number City & State Applied For City & State 01-0710397 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HART, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 17395 76 ST N LOXAHATCHEE, FL 33470 City Zip Code 8. The above named entity submits this statement for the porpose 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. 00 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5,00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HART, WILLIAM NAME STREET ADDRESS 17395 76 ST N STREET ADDRESS CITY - ST-7/P LOXAHATCHEE, FL 33470 CITY-ST-7IP ☐ Delete TITLE Change TITLE Sec. ☐ Addition glenn, Kerby, 3561 palm Orive NAME GLENN, KERBY NAME STREET ADDRESS 121 WETTAW I N #215 STREET ADORESS CITY-ST-ZIP N PALM BCH, FL 33408 CITY-ST-ZIP Riviera shores, Fl. 33404 TITLE ☐ Delete TITLE VP Change ☐ Addition Cheryl Hart 17395 76 st. North HART, CHERYL NAME NAME STREET ADDRESS 17395 76 ST N STREET ADDRESS Loxanatch pe, F1.33470 LOXAHATCHEE, FL 33470 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition BEDORE, GARY NAME NAME STREET ADDRESS 17395 76 ST N STREET ADDRESS CITY-ST-ZIP LOXAHATCHEE, FL 33470 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

+an

G OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE:

FILED

(561)

762-4097

4/21/00 Date