2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Mar 31, 2008 08:00 AN **DOCUMENT # P02000068798 Secretary of State** 1. Entity Name AMBURGEY PROFESSIONAL BUILDERS, INC. Principal Place of Business Mailing Address 49 JUNIPER TRACK 49 JUNIPER TRACK OCALA FL 34480 OCALA FL 34480 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 01-0714692 Not Applicable Zip Country Country Ζıρ \$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 Name AMBURGEY, BRAD A Street Address (P.O. Box Number is Not Acceptable) 49 JUNIPER TRACK OCALA FL 34480 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. Lam familiar with, and accept the obligations of registered agent. Signature Syphitics, typed or printed leaner of registered agent and title 1 applicable TyOTE Recisiveed Agont signature required when reinstalings DATE 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. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE Change Addition U000000873527 NAME AMBURGEY, BRAD A NAME 04/10/08-80082-005 150.00 49 JUNIPER TRACK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA FL 34480 CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Dalete Change THILE Maddition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 Section 119, Florida Statutes. I further certify that the information

indicated on this report or supplemental eport 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

with an other like empowered.

PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

of the corporation or the recifichanged, or on an apachn

SIGNATURE