## 2008 FOR PROFIT CORPORATION

## Feb 04, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P02000133659** 02-04-2008 90055 017 \*\*\*150.00 1. Entity Name COGDILL BUILDERS OF FLORIDA, INC. ייטע Principal Place of Business Mailing Address 108 INDUSTRIAL LOOP NORTH 108 INDUSTRIAL LOOP NORTH ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 01072008 No Chq-P CR2E034 (11/05) Applied For 4. FEI Number 56-2307297 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COGDILL, MICHAEL J DO NOT WRITE 108 INDUSTRIAL LOOP NORTH ORANGE PARK, FL 32073 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME COGDILL, MICHAEL J 108 INDUSTRIAL LOOP NORTH STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 D TITLE COGDILL, JOHN L NAME 108 INDUSTRIAL LOOP NORTH STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE THIS SPACE NAME STREET ADDRESS 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED