2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 07, 2007 08:00 All Secretary of State DOCUMENT # P02000133734 1. Enlity Name CANHAM CONSTRUCTION, INCORPORATED Principal Place of Business Mailing Address 3530 OLD KEYSTONE ROAD 3530 OLD KEYSTONE ROAD TARPON SPRINGS FL 34688 TARPON SPRINGS FL 34688 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-1165912 Not Applicable Zıp Country 7in 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 Name CANHAM, TIMOTHY A Street Address (P.O. Box Number is Not Acceptable) 3530 OLD KEYSTONE ROAD TARPON SPRINGS FL 34688 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 Signature, Wood 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, 2007 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 11. IIILE Delcte TITLE Change ☐ Addition CANHAM, TIMOTHY A NAME NAME U00000626262 3530 OLD KEYSTONE ROAD STREET ADDRESS STREET ADDRESS 02/15/07-80013-009 158.75 TARPON SPRINGS FL 34688 CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP HILE Delete ITILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-702 CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-7IP HILL Delete IIILE Change Addillon NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Defete THLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I horeby 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 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EB.5,2007 (727)4/8-9/18

FILED