

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000008431</b> 1. Entity Name RIBO CONSTRUCTION, INC.		
Principal Place of Business 109 E. DELEWARE ST. TAVARES, FL 32778 US	Mailing Address 109 E. DELEWARE ST. TAVARES, FL 32778 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
<div style="display: flex; justify-content: space-between;"> <span>07142005    No Chg-P    CR2E034 (10/03)</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         4. FEI Number  <b>55-0823189</b> </div> <div style="width: 35%;">         Applied For  <input type="checkbox"/> Not Applicable       </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">         5. Certificate of Status Desired    <input type="checkbox"/> </div> <div style="width: 35%;"> <b>\$8.75</b> Additional Fee Required       </div> </div>		
6. Name and Address of Current Registered Agent  LEGALZOOM NEVADA INC 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>Due by September 7, 2005</b> </div> <div style="width: 35%;">         9. Election Campaign Financing Trust Fund Contribution.    <input type="checkbox"/> </div> <div style="width: 30%;"> <b>\$5.00</b> May Be Added to Fees  <input checked="" type="checkbox"/> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.       </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BODIFORD, BOBBY N 109 E. DELEWARE ST. TAVARES, FL 32778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BODIFORD, SHARON 109 E. DELEWARE ST. TAVARES, FL 32778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 empowered.		
SIGNATURE: <i>Bobby N Bodiford</i> 7-11-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		