2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2008 08:00 A Secretary of State

| | ALKIT. | # D01 | 20000 | 16065 |
|------|---------------------|-------|--------|-------|
| ипап | $M \vdash N \vdash$ | エヒい | SURRUL | Inunn |

1. Entity Name

CALDWELL & CALDWELL CONSTRUCTION AND DEVELOPMENT, INC.



Principal Place of Business

1850 SE 3RD CT. CRYSTAL RIVER, FL 34429 Mailing Address

1850 SE 3RD CT. CRYSTAL RIVER, FL 34429



| DO | NO | TC | WR | ITF | IN | THIS | SPA | CF |
|----|----|----|----|-----|-----|-------|---------------------------|--------------|
| | | | | | 417 | 11110 | $\mathbf{v}_{\mathbf{i}}$ | \mathbf{U} |

03102008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2384122

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEMAR, DAVID A JR. 1759 KINKS AVENUE BRANDON, FL 32511

changed, or on an attachment with an address

SIGNATURE:

DO NOT WRITE 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. | Signature, typed or printed name of registered agent and title if | applicable (NO1E-Registered | Agent signature | required when (einstating) | DAIE | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 | 9. Election Campaign Finant Trust Fund Contribution | cing | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | | | |
| MAME STREET ADDRESS CITY-SI-ZIP | P CALDWELL, LINDA 1850 SE 3RD CT. CRYSTAL RIVER, FL 34429 | | | | U00000855867 03/27/08-80068-018 150.00 | |
| NAME STREET ADDRESS CITY-ST-ZIP | | : | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | |
| TITLE NAME STREET AODRESS "CITY-ST-ZIP | | | : | | | |
| TITLE NAME - STREET ADDRESS CITY-ST-ZIP | , | | | | | |
| 12. I hereby of indicated | certify that the information supplied with this fill on this report or supplemental report is true an | nd accurate and that my signati | nptions cor ire shall hav | e the same legal effe | Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director. | |