2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Feb 18, 2004 8:00 am Secretary of State **DOCUMENT # P03000017469** 1. Entity Name 02-18-2004 90008 005 ***158.75 SCHUPP CONSTRUCTION, INC. Principal Place of Business Mailing Address 8002 COPELAND ROAD 8002 COPELAND ROAD 54008096 ODESSA FL 33556-3212 ODESSA FL 33556-3212 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) (4) FEI Number 65-1186386 City & State City & State Applied For - Not Applicable Country Zip \$8.75 Additional (5) Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHUPP, JOSEPH G Street Address (P.O. Box Number is Not Acceptable) 8002 COPELAND ROAD ODESSA FL 33556-3212 City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Chance ☐ Addition TITLE ☐ Delete TITLE SCHUPP, JOSEPH G NAME NAME STREET ADDRESS 8002 COPELAND ROAD STREET ADDRESS ODESSA FL 33556-3212 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME SCHUPP, ANNE 8002 COPELAND ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ODESSA FL 33556-3212 CITY-ST-ZIP ☐ Defete ☐ Change Addition NAME NAME - - -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME 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 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.

FILED