2004 FOR PROFIT CORPORATION

Apr 26, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000047788 04-26-2004 91043 028 ***150.00 1. Entity Name ALOHA CONSTRUCTION INCORPORATED Principal Place of Business Mailing Address 1626 25TH AVENUE 1626 25TH AVENUE VERO BEACH, FL 32960 VERO BEACH, FL 32960 2.= Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242004 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 55-0829140 Not Applicable Zip Zip Country 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 SHEETS, SUSAN B Street Address (P.O. Box Number is Not Acceptable) **1626 25TH AVENUE** VERO BEACH, FL 32960 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10: ← OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE *** Director ☐ Delete TITLE SHEETS, ROBERT B NAME Brendan Ellsworth STREET ADDRESS **1626 25TH AVENUE** STREET ADDRESS 1626 25th Ave CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP vero Beach, FI ☐ Addition TITLE ☐ Delete ☐ Change SHEETS, ROBERT B NAME NAME STREET ADDRESS 1626 25TH AVENUE STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP SECT TITLE Delete - - Change -- Addition SHEETS, SUSAN B NAME NAME STREET ADDRESS **1626 25TH AVENUE** STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition SHEETS, SUSAN B NAME NAME STREET ADDRESS **1626 25TH AVENUE** STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dolete TITLE Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED