2004 FOR PROFIT CORPORATION

FILED Jul 06, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P03000071641** 1. Entity Name 07-06-2004 90118 020 ***163.75 STEVEN ROBERTS CONSTRUCTION, INC. Principal Place of Business Mailing Address 1128 S.W. SPRUCE ST. 1128 S.W. SPRUCE ST. PALM CITY, FL 34990 PALM CITY, FL 34990 2. Principal Place of Business 3. Mailing Address 128 SW SPRUCE ST 11285W SPRUCE Suite, Apt. #, etc 07012004 PAIM C Cha-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State 20 - O Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent STEVEN KOBE ROBERTS, STEVEN L Street Address (P.O. Box Number 1128 S.W. SPRUCE ST. PALM CITY, FL 34990 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 Fiorida. I am familiar with, and accept the obligations of egistered agent. SIGNATURE. (NOTE: Registered Agent signature required when relocating) 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Addition ☐ Change ROBERTS, STEVEN L NAME NAME 1128 S.W. SPRUCE ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF PALM CITY, FL 34990 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITEE ☐ Change ☐ Addition NAME 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 TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-7IP