2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 13, 2008 8:00 am Secretary of State DOCUMENT # P03000078122 1. Entity Name 05-13-2008 90015 032 ***150.00 RMC CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 7412 LANDING PL 7412 LANDING PL ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 38035 CAT 38035 CAT Suite, Apt. #, etc 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For 20-0091591 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 33571 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eightfurd required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 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. TITLE PTD Change ☐ Delete TITLE ■ Addition NAME COREY, RICHARD A STREET ADDRESS 7412 LANDING PL STREET ADDRESS CITY-ST-7IP ZEPHYRHILLS FL 33541 CITY-ST-ZIP VSD TITLE ☐ Delete TITLE Addition Change corey, mark COREY, MARK W NAME NAME STREET ADDRESS 7412 LANDING PL STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33541 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ 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 Delate TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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:

FILED