2004 FOR PROFIT CORPORATION

SIGNATURE: 长心

Jun 07, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P03000088024 1. Entity Name 04-30-2004 90306 025 ***150.00 R H FERGUSON CONSTRUCTION CORP. Principal Place of Business Mailing Address 12714 FOUR OAKS RD. TAMPA FL 33624 12714 FOUR OAKS RD. 66426827 TAMPA FL 33624 2. Principal Place of Business 3. Mailing Address 12714 Force De 12714 Four Paks Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For amp ampo Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3362ነ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERGUSON, ROBERT H. JR. 12714 FOUR OAKS RD. Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33624** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. terenzon pr SIGNATURE (NOTE: P FILE NOW!!!! FEE IS \$150.00 S After May (2004) Fee will be \$350.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MLE ☐ Oelete MILE ☐ Change Addition FERGUSON, ROBERT H JR NAME NAME STREET ADDRESS 12714 FOUR OAKS RD. STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33624** CITY-ST-ZIP MLE Delete TITLE ☐ Change ■ Addition KAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP III F Delete TILE ☐ 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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 seme legal effect so 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 50. Florida Statutes, and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

FILED