2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 07, 2007 08:00 A Secretary of State DOCUMENT # P03000088024 1. Entity Namo R H FERGUSON CONSTRUCTION CORP. Principal Place of Business Mailing Address 12714 FOUR OAKS RD. 12714 FOUR OAKS RD. TAMPA FL 33624 **TAMPA FL 33624** US 2. Principal Place of Business - No P.O Box # 3. Mailing Addross Suito, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 13-4260428 Not Applicable Zip Country Zip 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 Namo FERGUSON, ROBERT H JR. Street Address (P.O. Box Number is Not Acceptable) 12714 FOUR OAKS RD. **TAMPA FL 33624** City Zıp 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, typod or printed name of registered agent and trile 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, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete HILLE ☐ Change ☐ Addition FERGUSON, ROBERT H JR NAM! NAME 000000762036 05/25/07-80080-017 150.00 12714 FOUR OAKS RD. STREET ADDRESS STREET ADDRESS **TAMPA FL 33624** CITY - ST-ZIP CITY-ST-ZIF TITLE ☐ Defete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP THEE Delete ---TOTE: Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY-SI-ZIP 1006 Delete Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP C11Y-S1-71P TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7UP CITY-ST-ZIP TITLE ☐ Detete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information

indicated on this roport or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this roport 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.