2006 FOR PROFIT CORPORATION

Jul 06, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # P03000099501 07-06-2006 90003 037 ***150.00 **BOGAN & WALL CONSTRUCTION, INC.** Principal Place of Business Mailing Address 37331 OAK LANE 37331 OAK LANE 50021614 UMATILLA, FL 32784 UMATILLA, FL 32784 3. Mailing Address P. O. BOX 2. Principal Place of Business 2021 | JORDAN RIVERPI Suita, Apt. #, etc. 06272006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 57-1184806 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOGAN, HENRY JR. **37331 OAK LANE** UMATILLA, FL 32784 CityLUMATILLA 8. The above named entity submitted to ent 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 ag 6-27-06 SIGNATURI sature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ΡĎ TITLE ☐ Delete TITLE Change ☐ Addition BOGAN, HENRY JR. 20211 JORDAN RIVERRD. BOGAN, HENRY JR. NAME NAME STREET ADDRESS **37331 OAK LANE** STREET ADDRESS UMATILLA, FL 32784 CITY-ST-ZIP UMATILLA, FL 32784 CITY-ST-ZIP TITLE Delete TITLE Addition WALL, JOHN G 2021 JORDAN PIVER RD. NAME WALL, JOHN G NAME STREET ADDRESS 17105 SE 249TH AVE. STREET ADDRESS City-St-ZiP UMATILLA, FL 32784 CITY-ST-ZIP UMATIULA, FL 3278L TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change 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

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental record 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 trusted 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 ag II other like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE! TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

6-27-06 352-267-2467 Date Daytime Phone #

FILED