2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 19, 2004 8:00 am Secretary of State **DOCUMENT # P03000105575** 08-04-2004 90019 035 ***150.00 1. Entity Name ROD CRAWFORD CONSTRUCTION, INC. Principal Place of Business Mailing Address 66432239 21175 NW 43RD AVENUE LAWTEY FL 32058 21175 NW 43RD AVENUE LAWTEY FL 32058 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) Applied For 4. FEI Number City & State City & State 14-18952 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name CRAWFORD, ROD Street Address (P.O. Box Number is Not Acceptable) 21175 NW 43RD AVENUE LAWTEY FL 32058 City 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 age FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 UWMER TIRE □ Delete DITE ☐ Change Addition NAME RODCRAWFORD NAME 21175 nw 43Rd AUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Autey Fl. 32058 TITLE Delete ☐ Change ☐ Addition NAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET_ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIE ☐ Deleta TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TILE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 12. I hereby certify that the information supplied with this filing 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 employered to execute this report as required by Chaptey 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on an attackness, with all other than address, with all other than address. of the corporation or the receiver or trustee changed, or on an attachment with an add SIGNATURE:

FILED