2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P03000114017 C D'CONSTRUCTION ENTERPRISES, INC. 05 JUN 14 PM 2:45 Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 240 BERMUDA ROAD TALLAHASSEE FL 32312 240 BERMUDA ROAD TALLAHASSEE FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number City & State City & State Applied For 86-1083909 Not Applicable Zip Zip Country 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 Name DAVIS, CHARLIE Street Address (P.O. Box Number is Not Acceptable) 240 BERMUDA ROAD TALLAHASSEE FL 32312 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 rehistered agent SIGNATURE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 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 TITLE Delete TITLE ☐ Change ☐ Addition DAVIS, CHARLIE NAME NAME 900056395899 240 BERMUDA ROAD STREET ADDRESS STREET ADDRESS 06/21/05--01051--004 **150.00 CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP VD ☐ Delete TITLE Change ☐ Addition TITLE DAVIS, DARRYL NAME NAME STREET ADDRESS 771 WEST FOURTH AVENUE STREET ADDRESS TALLAHASSEE FL 32304 CITY-ST-ZIP CITY-ST-ZIP Change S ☐ Delete TITLE ☐ Addition TITLE NAME DAVIS, JEFFREY L NAME STREET ADDRESS 352 SILVER OAK DRIVE STREET ADDRESS CITY-ST-ZIP HAVANA FL 32333 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 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 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 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.