2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Jul 15, 2004 8:00 am Secretary of State DOCUMENT # P03000115451 1. Entity Name 07-15-2004 90007 048 ***150.00 SODER BUILDERS INC. Principal Place of Business Mailing Address 5836 NW 120TH AVENUE CORAL SPRINGS FL 33076 5836 NW 120TH AVENUE CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address, 789 Lantern Tree lane 789 Lantern Tree lane Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) 4. FEI Number 20-0306223 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SODER, TIMOTHY S 5836 NW 120TH AVENUE CORAL SPRINGS FL 33076 Lantern Tree lane 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 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11 TITLE ☐ Delete TITLE Addition Soder, Timothy S 789 Cantern Tree lane Wellington FL 33414 SODER, TIMOTHY S. NAME NAME 5836 NW 120TH AVENUE STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33076 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _____Addition. TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete 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.

FILED