2007 FOR PROFIT CORPORATION ANNUAL REPORT .

FILED Mar 12, 2007 08:00 A Secretary of State **DOCUMENT # P03000117405** 1. Entity Name ROY DEESE CONSTRUCTION, INC. Principal Place of Business Mailing Address 1815 SE 89 LANE 1815 SE 89 LANE OCALA, FL 34480 OCALA, FL 34480 03012007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 32-0099557 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOMINGUEZ, BETH W DO NOT WRITE 11997 S US HWY BELLEVIEW, FL 34420 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DEESE, ROY NAME 1815 SE 89 LANE STREET ADDRESS OCALA, FL 34480 CITY-ST-7IP TITLE DEESE, MAUREEN NAME 1815 SE 89 LANE STREET ADDRESS CITY-ST-ZIP OCALA, FL 34480 TITLE NAME STREET ADDRESS DO NOT WRI CITY-ST-ZIP TITt F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-7IP

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR