2008 FOR PROFIT CORPORATION ANNUAL REPORT FILED Mar 28, 2008 08:00 A **DOCUMENT # P03000118261 Secretary of State** 1. Entity Name SEABORN RUTHERFORD CONSTRUCTION. INC. Principal Place of Business Mailing Address 3624 BRIGHTWOOD LANE 3624 BRIGHTWOOD LANE PACE, FL 32571 PACE, FL 32571 CR2E034 (11/05) 03142008 No Chq-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1193353 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUTHERFORD, SYLVIA ANN DO NOT WRITE 3624 BRIGHTWOOD LANE PACE, FL 32571 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. SIGNATURE. A تا المراج DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 04/10/08-80021-011 150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ח TITLE RUTHERFORD, WILLIAM NAME

10. OFFICERS AND DIRECTORS

TITLE D
NAME RUTHERFORD, WILLIAM
STREET ADDRESS
CITY-ST-ZIP PACE, FL 32571

TITLE D
NAME RUTHERFORD, SYLVIA ANN
STREET ADDRESS
CITY-ST-ZIP PACE FL 32574

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-08-994-7366