2008 FOR PROFIT CORPORATION

Jan 14, 2008 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P03000121221** 01-14-2008 90085 038 ***150.00 1. Entity Name WHITAKER CUSTOM CONSTRUCTION, INC. Mailing Address Principal Place of Business 40002536 34727 VALLEY HILL LANE 34727 VALLEY HILL LANE EUSTIS, FL 32736 EUSTIS, FL 32736 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 01072008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-0367495 Not Applicable Zip Country Zip 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 WHITAKER, GREGG Street Address (P.O. Box Number is Not Acceptable) 34727 VALLEY HILL LANE EUSTIS, FL 32736 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 agent. 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 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete ☐ Change ■ Addition TITLE TITLE WHITAKER, GREGG NAME NAME 34727 VALLEY HILL LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32736 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE □ Delete TITLE ☐ Change ■ Addition 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

12. I hereby certify that the information supplied with this filling 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 life empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

INTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

01-10-08

352 483-2070

☐ Change

☐ Addition

FILED