


**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90017 013 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000123707</b>			
1. Entity Name <b>ARCHER CONSTRUCTION COMPANY</b>			
Principal Place of Business <b>915 DOYLE ROAD SUITE 303 DELTONA, FL 32725 US</b>		Mailing Address <b>915 DOYLE ROAD SUITE 303 DELTONA, FL 32725 US</b>	
2. Principal Place of Business - No P.O. Box # <b>912 Cloverleaf Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>912 Cloverleaf Blvd</b> Suite, Apt. #, etc.	
City & State <b>Deltona, FL</b>		City & State <b>Deltona, FL</b>	
Zip <b>32725</b>		Zip <b>32725</b>	
Country		Country	
4. FEI Number <b>20-0359066</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, ANDREW M 915 DOYLE ROAD SUITE 303 DELTONA, FL 32725</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>912 Cloverleaf Blvd</b> City <b>Deltona</b> FL Zip Code <b>32725</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, ANDREW M 912 CLOVERLEAF BLVD. DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, CARA 912 CLOVERLEAF BLVD. DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Cara Rodriguez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/24/08 4073833898 Date Daytime Phone #	