2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Jan 29, 2007 08:00 AM DOCUMENT # P03000124313 **Secretary of State** 1. Entity Name TERRY SHERIDAN CONSTRUCTION, INC. Principal Place of Business Mailing Address 111 MORNING GLORY LANE PO BOX 1693 INTERLACHEN FL 32148 INTERLACHEN FL 32148 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For 20-0317789 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fae Recuired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHERIDAN, TERRY G Street Address (P.O. Box Number is Not Acceptable) 111 MORNING GLORY LANE **INTERLACHEN FL 32148** Zip Code 8. The above named ontity 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$150,00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILE ☐ Delete TITLE ☐ Chance Addition SHERIDAN, TERRY G NAME NAME 0000000008116 PO BOX 1693 STREET ADDRESS STREET ADDRESS 01/31/07-80065-006 150.00 INTERLACHEN FL 32148 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HILL Change ☐ Addition SHERIDAN, TERRA P NAME MARKE PO BOX 1693 STREET ADDRESS STREET ADDRESS INTERLACHEN FL 32148 CITY-ST ZIP CITY ST-ZIP me ☐ Defete TITLE Change Addition 🔲 NAME NAME STREET LADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST ZIF THE Delete IIILE ☐ Change Addition MAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Delete IIILE TILL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS

12. I horoby cerbfy that the information supplied with this filing does not qualify for the exemptions contained in Section 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-ZIP

OFFICER OR DIRECTOR

CHY-SI-7IP

1-26-07 386-972-0147