## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** DOCUMENT # P03000124956 02-07-2007 90035 031 \*\*\*150.00 BJH CONSTRUCTION GENERAL CONTRACTORS, INC. Principal Place of Business Mailing Address 40010394 34784 ORCHID PARKWAY 34784 ORCHID PARKWAY RIDGE MANOR, FL 33523 RIDGE MANOR, FL 33523 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Ant. #, etc. 01082007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-0332414 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 Name HAMPTON, DUDLEY W JR Street Address (P.O. Box Number is Not Acceptable) 34784 ORCHID PARKWAY RIDGE MANOR, FL 33523 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change ☐ Addition HAMPTON, DUDLEY W JR NAME NAME STREET ADDRESS 34784 ORCHID PARKWAY STREET ADDRESS CITY-ST-ZIP RIDGE MANOR, FL 33523 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition HAMPTON, DUDLEY W 11 NAME NAME STREET ADDRESS 34784 ORCHID PARKWAY STREET ADDRESS CITY-ST-ZIP RIDGE MANOR, FL 33523 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE . ☐ Delete TITLE Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP TITLE ☐ Delete TITLE Change Addition MARAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete 117LE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 recover 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 attaching his with an address, with all other like empowered.

FILED Feb 07, 2007 8:00 am