2004 FOR PROFIT CORPORATIONS: ANNUAL REPORT (AR)

SIGNATURE:

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P03000125062 1. Entity Name 04-30-2004 90282 020 ***150.00 RICK STRONG CONSTRUCTION, INC. Principal Place of Business Mailing Address 1501 DECKER AVE., STE. 504 1501 DECKER AVE., STE. 504 STUART FL 34997 STUART FL 34997 2. Principal Place of Business 3. Mailing Address SAME SAME Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 20-034 9084 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 34994 34994 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STRONG, RICK Street Address (P.O. Box Number is Not Acceptable) 1501 DECKER AVE., STE. 504 STUART FL 34997 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. 5. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 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. TITLE ☐ Defete TITLE Change Addition STRONG, RICK NAME NAME STREET ADDRESS 1501 DECKER AVE., STE, 504 STREET ADDRESS STUART FL 34997 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME MAINE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 regeiver 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.

NHIED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED