2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2005 08:00 AM DOCUMENT # P03000125434 **Secretary of State** 1. Entity Name EDWARD L. CAMP CONSTRUCTION INC. Principal Place of Business Mailing Address 109 DEGAS DR 109 DEGAS DR NOKOMIS FL 34275 NOKOMIS FL 34275 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 20-0483632 Not Applicat Zip Country 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 CAMP, EDWARD L Street Address (P.O. Box Number is Not Acceptable) 109 DÉGAS DR NOKOMIS FL 34275 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 acceptable the obligations of registered agent. Edward L. CAMP SIGNATURE Signature, typed or printed name of registered agent and tife if applicable (NOTE Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May f After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change 1111 □ * · · · · TITLE ם Delete CAMP, EDWARD L NAME NAME STREET ADDRESS 109 DEGAS DR STREET ADDRESS CITY ST-ZIP NOKOMIS FL 34275 CITY-ST-ZIP TITLE hillé Change AJ... ☐ Delete NAME NIA NAE Ų:innaužna439 STREET ADORESS STREET ADDRESS 92/10705-20024-016 150,00 CITY ST-ZIP CITY-ST-7iP ☐ Delete UDE Change A.A.A. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP Delete inter Change Add: TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ A. . . . TITLE ☐ Delete TiTLE Change NAME NAME STREET ADORESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP THE Delete ATLE Change Acres NAM NAME STREET ADDRESS STREET ADORESS GHY-ST-ZIP CITY - ST- ZIP 12. Thereby 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 direction 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 changed, or on an attachment with an address, with all other like empowered.

FILED

Edward L. CAMP 1/28/05 941-966-6524