2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P03000125568** 04-30-2007 90410 040 ***150.00 1. Entity Name SHANE JOSEPH CONSTRUCTION, INC. Principal Place of Business Mailing Address 2989 N 14 AVENUE 2989 N 14 AVENUE MILTON, FL 32583 IIS MILTON, FL 32583 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272007 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 75-3081335 Not Applicable 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 JOSEPH, SHANE Street Address (P.O. Box Number is Not Acceptable) 3357 ATLAS DRIVE MILTON, FL 32583 Zip Code FL 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: flegistered Agent signature required when renistating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Func Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD TITLE Delete THLE Change ☐ Addition JOSEPH, SHANE MAME MARAE 2989 N 14 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILTON, FL 32583 CITY-SI-ZIP STD ☐ Delete TITLE TITLE Change Addition JOSEPH, SHANNON NAME NAMÉ STREET ADORESS 2989 N 14 AVENUE STREET ADDRESS CITY-ST-ZIP MILTON, FL 32583 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P I hereby certify that the information supplied with this filting 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.

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