2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Mar 12, 2007 08:00 AM DOCUMENT # P03000128450 **Secretary of State** EDDIE ROBERTS CONSTRUCTION, INC. Principal Place of Business Mailing Address 9092 SEAFAIR LANE 9092 SEAFAIR LANE TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 No Chg-P CR2E034 (11/05) 03012007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-0375250 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ROBERTS, EDDIE 9092 SEAFAIR LANE TALLAHASSEE, FL 32317 IN THIS SPACE 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. SIGNATURE Signature, typed or antied name of register (NOTE; Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1/ 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ROBERTS, EDDIE NAME STREET ADDRESS 9092 SEAFAIR LANE 03/21/07-80021-004 150.00 CITY-ST-ZIP TALLAHASSEE, FL 32317 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE III) F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-07

Daytime Phone #

FILED