2004 FOR PROFIT CORPORATION

SIGNATURE: _

Mar 04, 2004 8:00 am **ANNUAL REPORT (AR)** DOCUMENT # P03000129275 Secretary of State 03-04-2004 90014 030 ***150.00 GUERNSEY CONSTRUCTION, INC. Principal Place of Business Mailing Address 383 54 ... P.O. BOX 3071 LAKE CITY FL 32056-3071 RT. 12, B\QX_265 LAKE CIPY FL 32025 MOGAWK WAY LAKE City FL 32025 2. Principal Place of Business 3. Mailing Address WALLAN HOMB Suite, Apt. #, etc. MOORE CR2E034 (11/03) 383 City & State 4. FEI Number Applied For 72-15 75445 Not Applicable LAKK \$8.75 Additional Country 5. Certificate of Status Desired Columbia COCHMBEN Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) William GUERNSEY, WILLIAM J RT. 12, BOX 265 LAKE CITY FL 32025 MOHAWK WAX Zip Code 3202 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. 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. TITLE ☐ Delete TITI E ■ Addition GUEANSEP WILLIAM J GUERNSEY, WILLIAM J NAME NAME 383 SE MOHAWK WAY RT. 12, BOX 265 STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP LAKE CITY FL 32025 CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 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 an other like empowered.

ICER OR DIRECTOR

FILED