2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P03000137400 04-29-2005 90279 009 ***150.00 GREGORY MCPHERSON CONSTRUCTION, INC. Principal Place of Business Mailing Address 701 THUNDERBIRD HILL ROAD 701 THUNDERBIRD HILL ROAD 14010796 SEBRING, FL 33872 SEBRING, FL 33872 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 56-2412831 Not Applicable Country Zip 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 MCPHERSON, GREGORY L Street Address (P.O. Box Number is Not Acceptable) 701 THUNDERBIRD HILL ROAD SEBRING, FL 33872 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE ☐ Chance ☐ Addition MCPHERSON, GREGORY L NAME NAME STREET ADDRESS 701 THUNDERBIRD HILL ROAD STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33872 CITY-ST-ZIP TITLE ☐ Delete 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 ПΠЕ ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this indicated on this report of supplemental leport is true. ing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and accurate any that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation onth changed, or on an a M(PHERSON

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