

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90019 004 ***150.00

DOCUMENT # P03000138142 1. Entity Name A-1 DUTCH CONSTRUCTION, INC.					
Principal Place of Business 6996 TRAILRIDGE N MILTON MILTON, FL 32570 US			Mailing Address 6996 TRAILRIDGE N MILTON MILTON, FL 32570 US		
2. Principal Place of Business - No P.O. Box # 4618 Arabian Road Suite, Apt. #, etc.		3. Mailing Address 4618 Arabian Road Suite, Apt. #, etc.			
City & State Milton, FL Zip 32583		City & State Milton, FL Zip 32583		4. FEI Number 42-1610360	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BARTHOLOMEW, HENRY P III 6996 TRAILRIDE N. MILTON, FL 32570			7. Name and Address of New Registered Agent Name Bartholomew, Henry P III Street Address (P.O. Box Number is Not Acceptable) 4618 Arabian Road City Milton FL Zip Code 32583		
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 <u><i>Henry P Bartholomew III</i></u> HENRY P BARTHOLOMEW III PRES. 4-13-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BARTHOLOMEW, HENRY P III 6996 TRAILRIDE N. MILTON, FL 32570 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Bartholomew, Henry P III 4618 Arabian Road Milton, FL 32583 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing 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: <u><i>Henry P Bartholomew III</i></u> HENRY P BARTHOLOMEW III PRES. 4-13-08 850-982-1596 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					