2005 FOR PROFIT CORPORATION

Feb 09, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000138801 02-09-2005 90056 019 ***150.00 TEAMWORK USA CONSTRUCTION, INC. Principal Place of Business Mailing Address 50012869 87 DICKSON BAY RD 87 DICKSON BAY RD PANACEA, FL 32346 PANACEA, FL 32346 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 Chg-P CR2E034 (10/03) 4. FEI Number 36-45440 8D City & State City & State Applied For APPLIED FOR Not Applicable Zip 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 TAYLOR, KATHRYN A Street Address (P.O. Box Number is Not Acceptable) 87 DICKSON BAY RD PANACEA, FL 32346 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 🗽 ☐ Delete TITLE ☐ Change ☐ Addition TAYLOR, KATHRYN A NAME NAME 87 DICKSON BAY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANACEA, FL 32346 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TAYLOR, ROBERT NAME NAME STREET ADDRESS 87 DICKSON BAY RD STREET ADDRESS CITY-ST-ZIP PANACEA, FL 32346 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MOSLEY, THOMAS STREET ADDRESS 87 DICKSON BAY RD STREET ADDRESS CITY-ST-ZIP PANACEA, FL 32346 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BUNGER, CHRIS NAME NAME STREET ADDRESS 87 DICKSON BAY RD STREET ADDRESS CITY-ST-ZIP PANACEA, FL 32346 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby 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 all other like empowered.

FILED

Daytime Phone