2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # P03000143331 04-12-2004 90300 034 ***150.00 A-BUILD CONSTRUCTION, INC. ____ Mailing Address Principal Place of Business 94049117 4223 S. SNDALWOOD CIRCLE 4223 S. SNDALWOOD CIRCLE TAMPA, FL 33674 TAMPA, FL 33674 2. Principal Place of Business 3. Mailing Address 4223 S Sandalwood Circle 4223 S Sandalwood Circle Suite, Apt. #, etc. Suite, Apt. #, etc. 02052004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 33617 Tampa FLFL33617 02-0712830 Tampa Not Applicable 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 PATTERSON, GARY Street Address (P.O. Box Number is Not Acceptable) 4223 S. SNDALWOOD CIRCLE TAMPA, FL 33674 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete Change XX Addition TITLE TITLE PATTERSON, GARY NAME NAME Lois M. Zardinskas STREET ADDRESS 4223 S. SNDALWOOD CIRCLE STREET ADDRESS 4223 S Sandalwood Circle CiTY-ST-7IP TAMPA, FL 33674 CITY-ST-7P Tampa FL 33617 Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 e empowered.

FILED

ATTORSON

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:-