2005 FOR PROFIT CORPORATION. . . **ANNUAL REPORT**

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 23, 2005 8:00 am Secretary of State DOCUMENT # P03000145461 03-23-2005 90045 025 ***150.00 RIGHT ANGLE BUILDERS, INC. 40001610 Principal Place of Business Mailing Address 12346 RUNNING RIVER ROAD SOUTH 12346 RUNNING RIVER ROAD SOUTH JACKSONVILLE, FL 32225 6 6 66 1 JACKSONVILLE, FL 32225 2. Principal Place of Business 3. Mailing Address 12346 Fort Caroline Rd. 12346 Fort Caroline Ŕđ Suite, Apt. #, etc. Suite, Apt. #, etc. 03042005 CR2E034 (10/03) Chg-P 4. FEI Number 20-0454326 City & State Applied For City & State Jacksonville, FL Jacksonville, FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32225 32225 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name= PUTNAL, SCOTT Street Address (P.O. Box Number is Not Acceptable) 12346 RUNNING RIVER ROAD SOUTH JACKSONVILLE, FL 32225 12346 Fört Caroline Rd Jacksonville 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 rainstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TID F Addition ☐ Change TITLE President NAME NAME Scott Putnal STREET ADDRESS STREET ADDRESS 12346 Fort Caroline Rd. CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Vice President ☐ Change ★★Addition TITLE NAME NAME Todd Lorant STREET ADDRESS STREET ADDRESS 2379 Leon Rd CITY-ST-7IP CITY-ST-7/P ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE 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 #