2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 08:00 AN Secretary of State DOCUMENT # P03000149065 1. Entity Name R-D&B CONSTRUCTION, INC. Principal Place of Business Mailing Address 838 NW BANTA ACRES RD 838 NW BANTA ACRES RD MAYO, FL 32066 MAYO, FL 32066 04032008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0483382 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COULTHURST, BARBARA DO NOT WRITE 172 W MAIN ST MAYO, FL 32066 IN THIS SPACE 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 atte if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD LAWSON, RICHARD NAME STREET ADDRESS 838 NW BANTA ACRES RD CITY-ST-ZIP MAYO, FL 32066 VPD TITLE LAWSON, PAUL DWAYNE NAME STREET ADDRESS 2100 SW CR 534 CITY-ST-ZIP MAYO, FL 32066 TITLE NAME GUYTON, BLAKE T STREET ADDRESS 15840 141ST ROAD DO NOT WRITE CITY-ST-ZIP MC ALPIN, FL 32062 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Davima Phone #

386-294-2576

FILED