2004 FOR PROFIT CORPORATION S ANNUAL REPORT

DOCUMENT # P03000150697 1. Entity Name 04 MAY 11 PM 2: 05 BAREN ALLEN CONSTRUCTION, INC. Principal Place of Business Mailing Address 101 N. QUAIL HOLLOW RD. 101 N. QUAIL HOLLOW RD. HAVANA, FL 32351 HAVANA, FL 32351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 4. FEI Number 33 - 1678554 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EAGEN, JOHN E Street Address (P.O. Box Number is Not Acceptable) 3841 KILLEARN CENTER CT., STE. A TALLAHASSEE, FL¹ 32309 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VP JUSTIN HOLPRED TITLE Delete Addition Change ALLEN, QUENTIN NAME NAME 1494 Jereny Drive STREET ADDRESS P.O. BOX 1522 STREET ADDRESS TALLAHASSEE, FL 32302 TALLHHASSEE, F1. 32705 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Wayne Hadsell ☐ Change 1 Addition NAME ALLEN, LANDON NAME 7612 JENKINS CIRCLE STREET ADDRESS 3000 CORRIB DR. STREET ADDRESS TALLUMASSEC/ F132310 CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-ZIP 100037064531 05/25/04--01006--025 **150 TITLE U Delete TITLE ■ Addition ROBERTS, DERIC NAME NAME 6467 BOLD VENTURE TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLÈ ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-04