2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE:

Jul 24, 2007 8:00 am Secretary of State DOCUMENT # P03000157496 1. Entity Name 07-24-2007 90038 010 ***150.00 RUDNICK CONSTRUCTION, INC. Principal Place of Business Mailing Address 10015 HALLS RIVER RD 10015 HALLS RIVER RD HOMOSASSA FL 34448 HOMOSASSA FL 34448 2nd MOORE CR2E034 (4/07) 4. FEI Number Applied For 77-0616947 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen-7. Name and Address of New Registered Agent Name RUDNICK, DONALD E Street Address (P.O. Box Number is Not Acceptable) 10015 HALLS RIVER RD HOMOSASSA FL 34448 City 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. Lam 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. FILE NOW!!! FEE IS \$550.00 S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE Change Delete HILE Addition RUDNICK, DONALD E NAME NAME 10015 HALLS RIVER RD STREET ADDRESS STREET ADDRESS HOMOSASSA FL 34448 CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE Change Addition ARNOLD, JUSTIN NAME NAME STREET ADDRESS 12454 CUMBERLAND ROAD STREET ADDRESS BROOKSVILLE FL 34614 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEF ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - \$1 - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 of the corporation or the receiver or trustee empowered to execute this report at signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, florida Statutes, and that my name appears in Block 10 or Block 11. lorida Statutes, and that my name appears in Block 10 or Block 11 if

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Daytime Phone :