2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 04, 2008 8:00 am Secretary of State DOCUMENT # P03000157496 1. Entity Name 04-04-2008 90026 002 ***150 00 RUDNICK CONSTRUCTION, INC. Principal Place of Business Mailing Address P455 HIGHLAND ST HOMOSASSA FL 34448 P455 HIGHLAND ST HOMOSASSA FL 34448 2. Principal Place of Business - No P.O. Box # 8455 HIS LAND 57 HIGHLAND ST Suite, Apt. #, ero 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For ity & State LOWOSASSA 77-0616947 Not Applicable Citeus \$8.75 Additional 5. Certificate of Status Desired ITRUS Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONALd RUDNICK, DONALD E Street Address (P.O. Box Number is Not Acceptable) 10015 HALLS RIVER RD HOMOSASSA FL 34448 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, typed or printed name of registered intentianid ateil applicable. (NOTE: Registered Agent signatura required when remotate gr DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE пп.е Delete Change ☐ Addition NAME RUDNICK, DONALD E NAME 8455 HIGHLAND ST STREET ADDRESS STREET ADDRESS HOMOSASSA FL 34448 CITY-ST-ZIP CITY-ST-7IP ח TITLE ☐ Delete TITLE ☐ Change ■ Addition ARNOLD, JUSTIN NAME HAME STREET ADDRESS 12454 CUMBERLAND ROAD STREET ADDRESS BROOKSVILLE FL 34614 CITY-ST-ZIE CITY-ST-7IP TELLE De ete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP 12. It hereby certify that the information synglied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. If further certify that the information indicated on this report or supplemental report is true and accurate arise that my signature shall have the same legal effect as if made under oath; that I am an efficer or director of the corporation or the receiver of trystee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 of the corporation or the receiver of the corporation or the receiver of thanged, or on an attachment will

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