2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # P03000157592 1. Entity Name ALAN MARSHALL CONSTRUCTION, CORP. Principal Place of Business Mailing Address 7326 SEABREEZE DR LAKE WORTH FL 33467 7326 SEABREEZE DR LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2800232 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARSHALL, ALAN H Street Address (P.O. Box Number is Not Acceptable) 7326 SEABREEZE DR LAKE WORTH FL 33467 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 I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable PNOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2005 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 THILE Delete ште Change ☐ Addition U0f©00308168 NAME MARSHALL, ALAN H NAME 04/15/0S-80086-004 150.00 STREET ADDRESS 7326 SEABREEZE DR STREET AUDIRESS CITY-ST 7IP LAKE WORTH FL 33467 CITY-ST-ZIP TITLE Delete 7171 F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-2P THE 🔲 Deiete ทุกเร Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-702 CHY-SI-WP mer Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CHY-SI-ZIP ☐ Delete IIILE DITE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CHT+-ST-7/F TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJIY-SI-ZIP CITY-ST ZE

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 cath; 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: AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05 S61-969-6574

FILED