2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 29, 2008 8:00 am Secretary of State DOCUMENT # P04000016394 05-29-2008 90190 005 ***150.00 T GARCIA CONSTRUCTION, INC. Principal Place of Business Mailing Address 2304 ROGER RD 2304 ROGER RD LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business - No P.O. Box # 3. Mailing Address S∪ite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-0652535 Not Applicable Country 33812 \$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 TEODULO, GARCIA Street Address (P.O. Box Number is Not Acceptable) 2304 ROGER RD LAKELAND FL 33813 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 rigers and title if applicable, (NOTE: Regist/red Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GARCIA, TEODULO NAME STREET ADDRESS 2304 ROGERS RD. STREET ADDRESS LAKELAND FL 33812 CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change ☐ Addition NAME GARCIA, MARIA NAME STREET ADDRESS 2304 ROGERS RD. STREET ADDRESS CITY-ST-7IP LAKELAND FL 33812 CITY-ST-7IP TITLE ☐ Deiete TOTALE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP TITS F ☐ Delete ☐ Change ☐ Addition MAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TIDE ☐ Delete TITLE Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 the empowered.

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ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Date

Daycone Frome #