2005 FOR PROFIT CORPORATION

Apr 21, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000026119** 04-21-2005 90228 021 ***150.00 STEPHEN E. CURY CONSTRUCTION COMPANY Mailing Address Principal Place of Business 40004000 324 ROYAL PALM WAY STE 204 324 ROYAL PALM WAY STE 204 PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01042005 CR2E034 (10/03) Applied For City & State 4. FEI Number Not Applicable Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent **CURY, STEPHEN E** Street Address (P.O. Box Number is Not Acceptable) 333 ColoniaLRO 2001 LAKE AVE W PALM BEACH, FL WEST POINGERS 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, typed or brinted re 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change Addition TITLE TITLE NAME **CURY, STEPHEN E** NAME STREET ADDRESS 324 ROYAL PALM WAY STE 204 STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change Indition I TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 proof as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

of the corporation or the receiver or trustee empowered to execute this repo changed, or on an attachment with an address, with all other like impowere

SIGNATURE:

FILED