2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2008 8:00 am Secretary of State DOCUMENT # P04000026134 1. Entity Name 05-09-2008 90013 040 ***150.00 RODDY CUSTOM CARPENTRY INC. Principal Place of Business Mailing Address 580 RUBA RD 580 RUBA RD SAINT AUGUSTINE FL 32086 US SAINT AUGUSTINE FL 32086 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 30-0237080 Not Applicable Ζıp Zio Country 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 RODDY, JOSEPH P 614 BOWERS LANE ST. AUGUSTINE FL 32080 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 (NOTE Recisioned Agent sampling required when reinstallant 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME RODDY, JOSEPH P 500 Ruba Rd St. Augustine, FC STREET ADDRESS 614 BOWERS LANE STREET ADDRESS ST. AUGUSTINE FL 32080 CITY-ST-7/2 CITY-ST-ZIP TITLE Deiete TITLE ☐ Change Addition RODDY, YVONNE E NAME NAME STREET ADDRESS 614 BOWERS LANE STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32080 CITY-ST-ZIP TITLE ☐ Delete 1171.6 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS OTTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TTILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. Thereby 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 efficer or director of the corporation of 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 arr altachment with an address, with all other like empowered.

SIGNATURE: \

FILED