2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

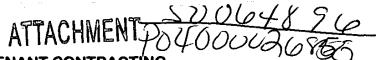
SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 06, 2005 8:00 am Secretary of State DOCUMENT # P04000026850 09-06-2005 90132 005 ***150.00 COVENANT CONTRACTING OF THE FIRST COAST, INC. Principal Place of Business Mailing Address 9005000 1753 W. 45TH STREET 1753 W. 45TH STREET JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32208 2. Principal Place of Business 1308 West 45 57 P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 08192005 City & State Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEPHEN E. TILLEY, CPA Street Address (P.O. Box Number is Not Acceptable) 4465 BAYMEADOWS RD. STE. 3 JACKSONVILLE, FL 32217 City 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE _ Delete _ . - 🔁 Grange -- 🔲 Addition THOMAS, ROY SR. NAME NAME STREET ADDRESS 1649 EL PRADO RD. #8 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32216 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE THOMAS, ROY III NAME NAME STREET ADDRESS 9644 DEVONSHIRE BLVD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32208 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HAMMOND, ROBERT L NAME NAME STREET ADDRESS 665 DAY AVE. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32205 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 thistee 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 8-31-2008

FILED





OVENANT CONTRACTING
OF THE FIRST COAST, INC.
P.O. BOX 12099
JACKSONVILLE, FLORIDA 32209
904-765-9507(OFFICE) 904-765-4814(FAX)
CG-C057762

AUGUST 30, 2005

TO WHOM IT MAY CONCERN:

WE HERE AT COVENANT CONTRACTING OF THE FIRST COAST ARE WRITING THIS STATEMENT TO WAIVE LATE FEE. THE REASON OF THIS LETTER IS THAT WE NEVER RECEIVED THE FIRST ANNUAL REPORT NOTICE. WE ONLY RECEIVED THE NOTICE OF INTENT TO DISSOLVE, WHICH WAS THE FINAL NOTICE. PLEASE TAKE THIS MATTER INCONSIDERATION FOR WAVING THE LATE FEE.

THANK YOU

-ROY THOMAS
PRESIDENT

CC: DIVISION of CORPORATIONS