2008 FOR PROFIT CORPORATION

ANNUAL REPORT



Apr 18, 2008 8:00 am Secretary of State DOCUMENT # P04000027703 04-18-2008 90023 025 ***150.00 WITTWER CONSTRUCTION, INC. Principal Place of Business Mailing Address 8640 SE 70TH AVENUE TRENTON, FL 32693 8640 SÉ 70TH AVENUE 8630 SE 70AU 8630 SE TOAU TRENTON, FL 32693 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 59-3781173 Not Applicable Zip Country 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 WITTWER, JACK 8630 SE 70 AU 8640 SE 70TH AVENUE Street Address (P.O. Box Number is Not Acceptable) TRENTON, FL 32693 Trenton, F1. 32693 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** Oelete TITLE TITLE ☐ Change ☐ Addition WITTWER, JACK NAME NAME 8630 SE 70 AU 1934 NW 42ND AVE STREET ADDRESS STREET ADDRESS GAINESVILLE, FL 32605 Trendon, Fl. 32693 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change -- ☐ Addition NAME 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 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE □ Change ☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP