## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000056738** 04-06-2005 90118 002 \*\*\*150.00 RODNEY STRICKLAND CONSTRUCTION, INC. Principal Place of Business Mailing Address ZUUGIGTO 558 E NINE MILE ROAD 558 E NINE MILE ROAD LOT 5 LOT 5 PENSACOLA, FL 32514 US PENSACOLA FL 32514 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02102005 Chg-P City & State City & State 4. FEI Number Applied For 13-4277465 Not Applicable Zin Country Country \$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 STRICKLAND, RODNEY W Street Address (P.O. Box Number is Not Acceptable) 558 E NINE MILE ROAD LOT 5 PENSACOLA, FL 32514 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. (NOTE: Registered Agent standard required when reinstating) DATE Signature, typed or printed name of registered agent and tife if applicable. 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. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete Change Addition THIE STRICKLAND, RODNEY W NAME NAME 558 E NINE MILE ROAD, LOT 5 STREET ADORESS STREET ADDRESS PENSACOLA, FL 32514 CITY-ST-78 CITY-ST-ZIP VΡ ☐ Change TITLE Delete TITLE ☐ Addition TALARICO, FRANK H NAME NAME 2041 GOVERNMENT COURT STREET ADDRESS STREET ADDRESS GULF BREEZE, FL 32563 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE **⊠** Delete TITLE CARTER, RICHARD T NAME NAME STREET ADDRESS 5814 CONGRESS COURT STREET ADDRESS GULF BREEZE, FL 32563 CITY-ST-77P CITY-ST-ZIP TITLE Deleta IIILE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE TITLE □ Deleta ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTY-ST-ZIP 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 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 SIGNATURE: Rodney W. Strickland 850-380-5275

NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 06, 2005 8:00 am Secretary of State