2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2008 08:00 A Secretary of State **DOCUMENT # P04000069220** STOUT BUILDERS INC Principal Place of Business Mailing Address 2181 ALICIA DRIVE 2181 ALICIA DRIVE CLEARWATER, FL 33763 CLEARWATER, FL 33763 04102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1059905 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MONTES, GUILLERMO A DO NOT WRITE 2181 ALICIA DRIVE CLEARWATER, FL 33763 IN THIS SPACE 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000902944 10. OFFICERS AND DIRECTORS 04/30/08-80027-006 150.00 TID F MONTES, GUILLLERMO A NAME STREET ADDRESS 2181 ALICIA DR CITY-ST-77P CLEARWATER, FL 33763 nne NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 glock 11 is changed, or on an attachment with fin actives with all other like empowered.

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SIGNATURE: S

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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