2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2008 08:00 AN Secretary of State

DOCUMENT # P0400076841 1. Entity Name DAN BAUMER CONSTRUCTION INC.				Secretary of Sta
Principal Plac 4516 SELAH SEBRING, FL		Mailing Address 4516 SELAH RD SEBRING, FL 33875		
	OO NOT WRITE	IN THIS SPA	CE	02152008 No Chg-P CR2E034 (11/05) A FFI Number Applied For
				20-1136730 Not Applicable 5 Cartificate of Status Desired \$8.75 Additional
6. Name and Address of Current Registered Agent				Fee Required
BAUMER, DAN 4516 SELAH RD SEBRING, FL 33875				DO NOT WRITE 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 bitle if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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.				dded to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUMER, DAN 4516 SELAH RD SEBRING, FL 33875	RECTORS		
IIILE NAME STREET ADDRESS CITY-SI-ZIP	S BAUMER, CATHERINE 4516 SELAH RD SEBRING, FL 33875			U00000840680 03/07/08-80001-024 150.00
, TITLE NAME STREET ADDRESS CITY-ST-ZIP			0 , 2 ,	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS				

12. I hereby certify that the information supplied with this filing 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 aggress, with all other like empowered.

SIGNATURE: _

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-08

663-381-4627

Daytime Phone it