2007 FOR PROFIT CORPORATION, ANNUAL REPORT (AR)

FILED Apr 27, 2007 08:00 A Secretary of State DOCUMENT # P04000078222 1. Entity Name ROADBUILDING, INC. Principal Place of Business Mailing Address 7251 NW 50TH STREET 7251 NW 50TH STREET CHIEFLAND FL 32626 CHIEFLAND FL 32626 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7251 N.W 50+1 St 7251 N.W. 50th St. Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Chiefland 4. FEI Number City & State Applied For 20-1206608 Chiefland Not Applicable Country Country **\$8.75** Additional 5. Certificate of Status Desired 32624 Lev Levi Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo LINDSEY, TERRY Street Address (P.O. Box Number is Not Acceptable) 7251 NW 50TH STREET CHIEFLAND FL 32626 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. Terry Lindsey Signature, typed or printed name of registered ligent and title if applicable, (NOTE Registered Agant & FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State* OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete ЩЦ. ☐ Change Addition LINDSEY, TERRY NAME NAME U00000736580 7251 NW 50TH STREET STREET ADDRESS STREET ADDRESS 05/10/07-80083-007 150.00 CHIEFLAND FL 32626 CHY-SI-ZIP CITY-ST-ZIP III ☐ Delete TITLE Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11111 Delete HILE ☐ Change Addition NAME NAMO STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Addition ☐ Delete Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Defete $\mathrm{Im}\,\varepsilon$ ☐ Change ___ Addition NAME NAMI* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7/2 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

PED OR PRINTED NAME OF SIGNIN OFFICER OR DIRECTOR