2006 FOR PROFIT CORPORATION

Apr 03, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000107101** 04-03-2006 90392 041 ***150.00 1. Entity Name PERSIC BROTHERS CONSTRUCTION INC. Principal Place of Business Mailing Address 222 INDUSTRIAL BLVD 222 INDUSTRIAL BLVD 60023634 NO 172 NO 172 NAPLES, FL 34104 NAPLES, FL 34104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 80-0118845 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERSIC, DAMIR Street Address (P.O. Box Number is Not Acceptable) 222 INDUSTRIAL BLVD NO 172 NAPLES, FL 34104 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. Signature, typed or printed pame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTS ☐ Delete ☐ Addition TITLE ☐ Change TITLE PERSIC, DAMIR NAME NAME STREET ADDRESS **505 COURTSIDE DRIVE** STREET ADDRESS NAPLES, FL 34105 CITY-ST-Z(P CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME PERSIC, MARIA A NAME **505 COURTSIDE DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34105 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TOLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

☐ Change

Addition

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 address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP