


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2007 8:00 am
Secretary of State

06-22-2007 90001 037 ***550.00

DOCUMENT # P04000127019 1. Entity Name CONSTRUCTION SERVICES OF BAY COUNTY INC.	
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Principal Place of Business 633 N 9TH PLAZA PARKER, FL 32404	Mailing Address 633 N 9TH PLAZA PARKER, FL 32404
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66020465



02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-4307026	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HASKINS, JAMES A 633 N 9TH PLAZA PARKER, FL 32404	DO NOT WRITE IN THIS SPACE
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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 signature required when registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HASKINS, JAMES A 633 N 9TH PLAZA PARKER, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HASKINS, JIMMY D 633 N 9TH PLAZA PARKER, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELDRIDGE, ALLEN 307 BAYOU AVE SPRINGFIELD, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 807, 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.

SIGNATURE: James P. Haskins July 12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #