

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90068 027 \*\*\*150.00

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03232007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P04000163437</b> 1. Entity Name <b>ARDWORKS CONSTRUCTION CO., INC.</b>					
Principal Place of Business <b>6299 POWERS AVE # 142 JACKSONVILLE, FL 32217</b>			Mailing Address <b>6299 POWERS AVE # 142 JACKSONVILLE, FL 32217</b>		
2. Principal Place of Business - No P.O. Box # <b>7052 103RD STREET</b>		3. Mailing Address <b>7052 103rd Street</b>			
Suite, Apt. #, etc. <b>Suite # 308</b>		Suite, Apt. #, etc. <b>Suite # 308</b>			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		4. FEI Number <b>20-1961591</b>	
Zip <b>32210</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ARD, CHARLES B 6299 POWERS AVE # 142 JACKSONVILLE, FL 32217</b>			7. Name and Address of New Registered Agent Name <b>ARD, CHARLES B.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7052 103RD STREET</b> <b>SUITE # 308</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32210</b>		
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 <span style="float: right;">3-23-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ARD, CHARLES B 6299 POWERS AVE # 142 JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	7052 103rd St # 308 Jacksonville, FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE		3-23-07 904-317-3322 <small>Date Daytime Phone #</small>			