2005 FOR PROFIT CORPORATION

SIGNATURE:

Apr 13, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000164635** 04-13-2005 90051 012 ***150 00 DANNY MILLS CONSTRUCTION, INC. Principal Place of Business Mailing Address 2386 PLUM AVE P O BOX 7132 AUBURNDALE, FL 33823 LAKELAND, FL 33807 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142005 CR2E034 (10/03) Applied For City & State City & State 4, FEI Number 20-19824 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLS, DANNY Street Address (P.O. Box Number is Not Acceptable) 2386 PLUM AVE AUBURNDALE, FL 33823 City Zip Code FL 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 fitte if applicable (NOTE: Registered Assent signature regulard when reinstaling) \$5.00 May Be 9. Election Campaign Financing FILE NOWIH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. PST TITLE C Defete TITLE Change C Addition NAME MILLS, DANNY NAME 2386 PLUM AVE STREET ADDRESS STREET ADDRESS AUBURNDALE, FL 33823 CITY-ST-ZIP CSTY-ST-ZIP TITLE 🗀 Delete TIDE Change : Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TILE Defete TYTLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/2 City-ST-ZIP Change TITLE Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ... Delete C. Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAY-ST-ZIP DBF ☐ Delete nne Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

FILED