2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachm

SIGNATURE:

Mar 29, 2006 8:00 am Secretary of State DOCUMENT # P05000000401 03-29-2006 90117 036 ***150.00 PAUL BLISS CONSTRUCTION INC. Principal Place of Business Mailing Address 831 ADRIAN AVENUE 831 ADRIAN AVENUE SARASOTA, FL 34232 SARASOTA, FL 34232 2. Principal Place of Business 3. Mailing Address 2458 E. Burr Oak C+ 2458 BUTT Oak Ct. E. Suite, Apt. #, etc. Suite, Apt. #, etc. 03072006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number FL SAT A SOTA SARASOTA 29-05 97887 Not Applicable Country USA Country ししら 34132 \$8.75 Additional 5. Certificate of Status Desired 34232 A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2458 E- Burr Oak 831 ADRIAN AVENUE 2458 E. Bur Oak Ct. SARASOTA, FL 34232 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Delete TITLE (D) Change TITLE Bilss, Paul BLISS, PAUL NAME NAME 2458E. BUTT Oak Ct STREET ADDRESS 831 ADRIAN AVENUE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIP SarasoTA, FL 34232 TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-7IP 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 eath; that I am an officer or director of the corporation or the receipt 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

FILED