2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 10, 2007 8:00 am Secretary of State 05-10-2007 90021 034 ***150.00 DOCUMENT # P05000066030 1. Entity Name C L FORD CONTRACTING, INC 40109967 Principal Place of Business Mailing Address 1742 AUGUSTINE PLACE 1742 AUGUSTINE PLACE TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 03072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2791779 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORD, CALVIN L DO NOT WRITE 1742 AUGUSTINE:PLACE TALLAHASSEE, FL 32301 IN THIS SPACE 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 egistered agent. (NOTE: Registered Agent signature required when reinstating) r printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FORD, CALVIN L NAME 1742 AUGUSTINE PLACE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 ar 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 address, with all other like empowered. changed, or on an attachment w

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED