2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 30, 2008 08:00 AM Secretary of State **DOCUMENT # P05000075558** 1. Entity Name B.A.CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 11875 SE 171ST ST JUPITER FL 33469 11875 SE 171ST ST JUPITER FL 33469 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 55-0896691 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARRANDALE, BRIAN Street Address (P.O. Box Number is Not Acceptable) 11875 SE 171ST ST JUPITER FL 33469 City Zip Code 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 ageg lyped or priored name of registered agent and the it emplicable (NOTE: Registered Agent a grantum required when reinitating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Derete TITLE ☐ Change Addition ARRANDALE, BRIAN NAME NAME 000000935036 05/23/08-80057-003 150.00 STREFT ADDRESS 11875 SE 171ST ST STREET ADDRESS CITY-ST-ZIP JUPITER FL 33469 CITY-ST-ZIP TITLE ☐ Derete TIFLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Darete TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Dærete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-ZIP TITLE De:ete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP TITLE Derete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08

Date

(561) 722 9566

Daytono Phone #