2007 FOR PROFIT CORPORATION

May 01, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000078833 05-01-2007 90057 015 ***150.00 1. Entity Name TARPON CONTRACTING, INC. Principal Place of Business Mailing Address 16528 N DALE MABRY HWY 24600 SANDHILL BLVD. PUNTA GORDA, FL 33983 TAMPA, FL 33618 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01122007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-2934286 Not Applicable Zip Country 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 Name SANDERS, WALTER S Street Address (P.O. Box Number is Not Acceptable) 16528 NORTH DALE MABRY HWY TAMPA, FL 33618 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 age 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete THEF Addition NAME JEMISON, MICHAEL NAME 26266 BARCELOS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33983 CITY-ST-ZIP SEC TITLE ☐ Delete TITLE ☐ Change ☐ Addition JEMISON, MICHELLE NAM MAME STREET ADDRESS 26266 BARCELOS COURT STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33983 CITY-ST-ZIP TITLE ☐ Delete ☐ Change X Addition NAME NAME STREET ADDRESS STREET ADDRESS 00 Sundhi CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME 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 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.

TITLE

NAME

STREET ADDRESS

CITY-S1-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

FILED

☐ Change

■ Addition