2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2008 8:00 am Secretary of State DOCUMENT # P05000128237 05-02-2008 90156 025 ***150.00 1. Entity Name E & G'BUILDERS, INC. Principal Place of Business Mailing Address 40094202 1897 HICKORY TRACE DRIVE 1897 HICKORY TRACE DRIVE ORANGE PARK, FL 32003 ORANGE PARK, FL 32003 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282008 Chq-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-3818729 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NYE, STEPHEN Trace 1897 HICKORY TREE DR. Street Address (P.O. Box Number is Not Acceptable) ORANGE PARK, FL 32003 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 agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE ☐ Delete TITLE ☐ Addition NAME NYE, STEPHEN NAME 1897 HICKORY TRACE DRIVE STREET ADDRESS STREET ADDRESS ORANGE PARK, FL 32003 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ___ Addition Delete TITLE_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 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 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

904-403-0401