2006 FOR PROFIT CORPORATION

May 03, 2006 8:00 am Secretary of State ANNUAL REPORT 05-03-2006 90249 008 ***150.00 DOCUMENT # P05000146432 DAVIS CONSTRUCTION & MASONRY, INC. 60034893 Principal Place of Business Mailing Address 8621 ABBOTTSBURY DRIVE 8621 ABBOTTSBURY DRIVE WINDERMERE, FL 34786 WINDERMERE, FL 34786 2. Principal Place of Business 3. Mailing Address 310 BRUNSON AV 310 BRUNSON Suite, Apt. #, etc. Suite, Apt. #, etc 05012006 CR2E034 (11/05) City & State City & State 4. FEL Number Applied For 34-2059736 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRAVES, DONNA L 120 E. CONCORD STREET Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32801 City Zip Code FL 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 **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VPST D Change TITLE ☐ Defete TITLE ☐ Addition CAMPBELL, MERCHER NAME NAME 36 BRUNSON AVE 8621 ABBOTTSBURY DRIVE STREET ADDRESS STREET ADDRESS COCOA, FL . 32922 CITY-ST-ZIP WINDERMERE, FL 34786 CITY-ST-ZIP Delete Addition TITLE TITLE Change DAVIS, DENARENE NAME NAME Davis, Deron STREET ADDRESS 8621 ABBOTTSBURY DRIVE STREET ADDRESS 310 BRUNSON AVE WINDERMERE, FL 34786 CITY-ST-ZIP CITY-ST-ZIP COLOA FL 32972 Delete TITLE TITLE ☐ Change ☐ Addition MEAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 empoyer on the receiver of the receiver or trustee empoyer on the receiver or trustee empoyer on the receiver of the receiver or trustee empoyer on the receiver of the receiver or trustee empoyer on the receiver or trustee empoyer of the receiver of the receiver or trustee empoyer or trustee empoyer of the receiver or trustee empoyer of the receiver or trustee empoyer or changed, or on an attac

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