2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 04, 2006 8:00 am Secretary of State OCUMENT # P05000148006 03-21-2006 90007 038 ***150.00 ntity Name **BE ROCK CONSTRUCTION, INC.** Principal Place of Business Mailing Address ~טטסם 26 SW CABANA POINT CIRCLE STUART FL 34994 26 SW CABANA POINT CIRCLE STUART FL 34994 2. Principal Place of Business 3. Mailing Address JAME SAME Suite. Apt. #, etc. Suite, Apt. #, etc. 151 MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 20 - 273 loo Not Applicable Zip Country 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 ELSON, KENNETH S Street Address (P.O. Box Number is Not Acceptable) 26 SW CABANA POINT CIRCLE STUART FL 34994 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 agent. SIGNATUR FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 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 Oelete TITLE Change ☐ Addition ELSON, KENNETH S NAME STREET ADDRESS 26 SW CABANA POINT CIRCLE STREET-ADDRESS CITY-SI-ZIP CHY-SI-ZIP STUART FL 34994 Delete DILE Change TITLE ☐ Addition HAME IWE STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 1(I) I Oelsta MLE Change ■ Addition MALIT NAUF STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP MLE □ Detete DILE ☐ Change ☐ Add:tion NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CUTY-ST-ZPP ☐ Detete ☐ Change | ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZF 12. I hereby certify that the information supplied with this fliing 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 attactment with an address, with all pither like empowered. if changed, or on an attachment SIGNATURE:

FILED