## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

## May 29, 2008 8:00 am Secretary of State DOCUMENT # P06000004572 05-29-2008 90198 044 \*\*\*150 00 NORTH CAPTIVA CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 40106257 551 RUM ROAD P.O. BOX 1000 NORTH CAPTIVA ISLAND, FL 33924 PINELAND, FL 33945 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012008 Chg-P CR2E034 (12/06) City & State City & State Applied For 4. FEI Number Not Applicable 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 BRILHART, BRYAN T Street Address (P.O. Box Number is Not Acceptable) 1930 PICCADILLY CIRCLE CAPE CORAL, FL 33991 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. 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILE Delete TITLE ☐ Change Addition BRILHART, BRYAN T NAME NAME STREET ADDRESS 1930 PICCADILLY CIRCLE STREET ADDRESS CAPE CORAL, FL 33991 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Defete Change ☐ Addition TOLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TETLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change ☐ Addition TITLE TELLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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

**FILED**