2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P06000016142 01-11-2008 90063 003 ***150.00 BRUCE WALKER CONSTRUCTION, INC. Principal Place of Business Mailing Accress 2250 MALIBU LAKES CIRCLE 2250 MALIBU LAKES CIRCLE 118 118 NAPLES, FL 34119 NAPLES, FL 34119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8237 Laurel Lakes Blud 8723 Laurel Lakes Blvd Suite, Apt. #, etc. 01082008 CR2E034 (12/06) Chg-P Applied For 4. FEI Number 20-4213163 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Age WALKER, BRUCE 2250 MALIBU LAKES CIRCLE #118 NAPLES, FL 34119 8. The above named entity submits this statement for the purpose of changing its registered office of egistered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NCTE: Registered Agent signisture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Func Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D Change Addition TITLE Ti Ti E Delete Bruce Walker 8237 Laurel Lakes Blud WALKER, BRUCE 2250 MALIBU LAKE CIRCLE #118 STREET ADDRESS STREET ADDRESS Naples FL 34119 CHY-ST-ZP NAPLES, FL 34119 C:TY-ST-7/P Delete TITLE Addition Change WALKER, NATHAN NAME NAVE 2250 MALIBU LAKE CIRCLE #118 STREET ADDRESS STREET ADDRESS CITY-S1-7IP NAPLES, FL 34119 C 1Y-SI-ZIP D Change TITLE ☐ Delete HILE ☐ Addition Ben Walker 3150 La Costa Cir Apt 302 WALKER, BEN 2250 MALIBU LAKES CIRCLE #118 STREET ADDRESS. STREET ADDRESS Naples FL 34105 CITY-ST-ZIP NAPLES, FL 34119 CHY-ST-ZP TITLE Delete BILE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CTY-51-ZP CITY-ST-7/2 TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C 1Y-S1-ZIP JITLE ☐ Delete TiTLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS C TY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filting 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.

G OFFICER OR DIRECTOR

FILED

Jan 11, 2008 8:00 am