2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P06000055637 04-27-2007 90178 038 ***150.00 TIMOTHY RHODES CONSTRUCTION, INC. Principal Place of Business Mailing Address 2605 W GADSDEN ST 2605 W GADSDEN ST 40085013 PENSACOLA, FL 32505 PENSACOLA, FL 32505 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 CR2E034 (12/06) Chq-P City & State City & State 4. FEI Number Applied For 70-4717045 Not Applicable Zip Country Zip 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 BASS & SANDFORT ACCOUNTANTS, PA Street Address (P.O. Box Number is Not Acceptable) 1301 W GARDEN ST PENSACOLA, FL 32501 Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Change Addition RHODES, TIMOTHY NAME NAME STREET ADDRESS 2605 W GADSDEN ST STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32505 CITY-ST-ZIP TITLE VPD 🛣 Delete Change Addition TITLE NAME LEE, JOSEPH STREET ADDRESS STREET ADDRESS 2605 W GADSDEN ST CITY-ST-ZIP PENSACOLA, FL 32505 CITY-ST-ZIP SD ☐ Delete TITLE Change ☐ Addition KEHOE, JAMES F NAME NAME STREET ADDRESS STREET ADDRESS 2605 W GADSDEN ST CITY-ST-ZIP PENSACOLA, FL 32505 CITY-ST-ZIP TITLE מד ☐ Delete ☐ Change ■ Addition BASS, WILLIAM H STREET ADDRESS 2605 W GADSDEN ST STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32505 CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

NING OFFICER OR DIRECTOR

FILED

Daytime Phone #