


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000120610	
1. Entity Name CES CONSTRUCTION, INC.	

Principal Place of Business 414 EDITHA CR SANFORD, FL 32771 US	Mailing Address 414 EDITHA CR SANFORD, FL 32771 US
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04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5579668	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STOGNER, CHRISTOPHER S
414 EDITHA CR
SANFORD, FL 32771

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOGNER, CHRISTOPHER S 414 EDITHA CR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOGNER, HEATHER N 414 EDITHA CR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O STOGNER, ERIC 2900 S. PARK AVE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O ILARDO, STEPHAN 2902 PARK CT SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/22/08-80071-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-08