2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 28, 2008 08:00 AN Secretary of State DOCUMENT # P92000008891 1. Entity Name F.L.A. CONTRACTORS, INC. Principal Place of Business Mailing Address **255 COREY AVENUE** PO BOX 67128 ST. PETE BEACH, FL. 33706 ST. PETE BEACH, FL 33736 No Chg-P CR2E034 (11/05) 01252008 DO NOT WRITEIN THIS SPACE Applied For 4. FEI Number 59-3183450 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SKIPPER, PAUL J DO NOT WRITE 255 COREY AVENUE ST. PETE BEACH, FL 33706 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. P/D ·TITLE SKIPPER,, PAUL J NAME 225 COREY AVENUE STREET ADDRESS CITY-ST-ZIP ST. PETER BEACH, FL 33706 TITLE SKIPPER, PAUL J JR NAME STREET ADDRESS 255 COREY AVENUE CITY-ST-ZIP SAINT PETERSBURG, FL 33706 TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true as of the corporation or the receiver or trustee empowered changed, or on an attachment with an addre

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Daytime Phone #