2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P93000034344 03-03-2006 90099 003 ***150.00 MOTTIN CONSTRUCTION, INC. Principal Place of Business Mailing Address 3881 N LAKE ORLANDO PKWY 3881 N LAKE ORLANDO PKWY 1.1 ORLANDO, FL 32808 ORLANDO, FL 32808 2. Principal Place of Business 5422 KUMQUAT LOOP . Mailing Address KUMQUAT LOOP Suite, Apt. #, etc. 03012006 Chg-P CR2E034 (11/05) WINDERMERE, FLA. 4. FEI Number Applied For 59-3186874 Not Applicable \$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 MOTTIN, DAVID H Street Address (P.O. Box Number is Not Acceptable) 3881 N LAKE ORLANDO PKWY ORLANDO, FL 32808 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition 5422 KUMQUAY LOOP WINDERMERE, FL. 34786 NAME MOTTIN, DAVID H NAME STREET ADDRESS 3881 N LAKE ORLANDO PKWY STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32808 CITY-ST-ZIP TITLE □ Defete TITLE NAME MOTTIN, ROBERTA J NAME 5422 KUMQUAT LODA WINDER MERE, FLA. 34786 STREET ADDRESS 3881 N LAKE ORLANDO PKWY STREET ADDRESS ORLANDO, FL 32808 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete MOTTIN, JEREMY NAME NAME STREET ADDRESS **2015 S MILLS** STREET ADDRESS CITY-ST-ZIP -ORLANDO, FL CITY-ST-ZIP TITLE Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 addressy with all patter like empowered. PRESIDENT 2-28-06 407 905 0813 SIGNATURE:

FILED

Mar 03, 2006 8:00 am