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Mar 02, 2005 8:00 am
Secretary of State

01-25-2005 90039 046 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

1

DOCUMENT # P94000031475

1. Entity Name
M. L. UNDERWOOD CONSTRUCTION, INC.

66003194

Principal Place of Business	Mailing Address
~~334 ANDALUSIA AVE STE 1~~ 310 Wilmette Ave Suite 5 ORMOND BEACH, FL 32174 US	~~334 ANDALUSIA AVE STE 1~~ 310 Wilmette Ave Suite ORMOND BEACH, FL 32174 US

NEW ADDRESS

2. Principal Place of Business	3. Mailing Address
310 Wilmette Ave.	310 Wilmette Ave.
Suite, Apt. #, etc.: Suite 5	Suite, Apt. #, etc.: Suite 5
City & State: Ormond Beach, FL	City & State: Ormond Beach, FL
Zip: 32174 Country: Volusia	Zip: 32174 Country: Volusia

01182005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3241804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

UNDERWOOD, MIKE
~~334 ANDALUSIA AVE STE #1~~ 310 Wilmette Ave. Suite 5
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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], Pres 1/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UNDERWOOD, MIKE ~~334 ANDALUSIA AVE STE #1~~ 310 Wilmette Ave. Suite 5 ORMOND BEACH, FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mike Underwood 310 Wilmette Ave. Suite 5 Ormond Beach, FL 32174 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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], Pres 1/20/05 386 672-6651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #