## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Mar 28, 2008 08:00 Al **DOCUMENT # P95000031228 Secretary of State** 1. Entity Name REX CONTRACTING INC. Principal Place of Business Mailing Address 19101 DURRANCE RD 19101 DURRANCE RD NORTH FT MYERS, FL 33917 NORTH FT MYERS, FL 33917 03262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0587793 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HARRELL, REX R DO NOT WRITE 19101 DURRANCE RD NORTH FT MYERS, FL 33917 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating) U00000873063 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 04/10/08-80061-018 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HARRELL, REX R NAME STREET ADDRESS 19101 DURRANCE RD CITY-ST-72P NORTH FT MYERS, FL 33917 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

239-872-7763