2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 19, 2007 08:00 AM **DOCUMENT # P95000049770 Secretary of State** CANSLER CONSTRUCTION SERVICES, INC. Principal Place of Business Mailing Address 100 N TAMPA ST 100 N TAMPA ST #3570 #3570 TAMPA, FL 33602 **TAMPA, FL 33602** CR2E034 (11/05) 01162007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3327900 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLACK, THOMAS W DO NOT WRITE 101 E KENNEDY BLVD **SUITE 3700** IN THIS SPACE TAMPA, FL 33602 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 DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE CANSLER, REUBEN M NAME STREET ADDRESS 9303 ALICE LANE CITY-ST-ZIP RIVERVIEW, FL 33569 TITLE U000000592955 01/22/07-80011-022 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY ST-7IP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP IMLE NAME STREET ADDRESS CITY-SI-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 attachgent with an address, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED