2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# P96000010450

Entity Name: G. ROBEL CONSTRUCTION, INC.

Current Principal Place of Business:

5541 MAEVA CT
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 61525
FT. MYERS, FL 33906

New Mailing Address:

FEI Number: 65-0634745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBEL, GREG R
5541 MAEVA CT
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: ROBEL, GREG
Address: 5541 MAEVA CT
City-St-Zip: FT. MYERS, FL 33919

Title: ST ( ) Delete
Name: ROBEL, KIMBERLY
Address: 5541 MAEVA CT
City-St-Zip: FT. MYERS, FL 33919

Title: D ( ) Delete
Name: ROBEL, RAYFORD A
Address: 9511 DUFFER WAY
City-St-Zip: MONTGOMERY VILLAGE, MD 20886

Title: D ( ) Delete
Name: WELLERT, FRED
Address: 1440 RICARDO
City-St-Zip: FT. MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ROBEL, RAYFORD A
Address: 1005 VENTNOR PLACE
City-St-Zip: CARY, NC 27519

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY ROBEL ST 04/11/2009

Electronic Signature of Signing Officer or Director — Date