2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # P96000013065 1. Entity Name UNIQUE CONTRACTORS, INC. Principal Place of Business Mailing Address 2611-B WEST 23RD STREET PANAMA CITY FL 32405 2611-B WEST 23RD STREET PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3362339 Not Applicable Zip Country Zip Country \$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 Name JENKINS, ERIC R Street Address (P.O. Box Number is Not Acceptable) 2611-B WEST 23RD STREET PANAMA CITY FL 32405 Zlp 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D Delete 7777.5 Change Addition 🔲 .000000303503 04/14/05-80005-009 150.00 NAME JENKINS, ERIC R NAME STREET ADDRESS 2611-B WEST 23RD STREET STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP HILE Change Delete IIII F 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 CHY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Delete TITLE ☐ 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-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

- 0 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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