## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 04, 2007 08:00 All Secretary of State **DOCUMENT # P96000018857** BUN CONSTRUCTION COMPANY, INC. Mailing Address Principal Place of Business 4202 E MLK BLVD 4202 E MLK BLVD **TAMPA, FL 33610** TAMPA, FL 33610 US 02022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3362663 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NWAGBUO, BARTHOLOMEW U DO NOT WRITE 4508 HIDDEN SHADOW DR. **TAMPA, FL 33614** 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 Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when coinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSTD TITLE NWAGBUO, BARTHOLOMEW U NAME STREET ADDRESS 4508 HIDDEN SHADOW DR. CITY-ST-ZIP TAMPA, FL 33614 U00000688612 04/11/07-80002-009 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP

12. Thereby 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 attachment with a

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

Bartholomew U. Nwag