2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

May 02, 2007 8:00 am DOCUMENT # P96000040562 Secretary of State 05-02-2007 90038 009 ***150.00 WOODY KING CONSTRUCTION, INC. Principal Place of Business Mailing Address 421 WHIRLPOOL ROAD CENTURY FL 32535 US 421 WHIRLPOOL ROAD CENTURY FL 32535 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, otc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3379267 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 KING, WOODROW JR Street Address (P.O. Box Number is Not Acceptable) 421 WHIRLPOOL ROAD CENTURY FL 32535 City Zip Code 8. The above named on ity 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 rogistered agent. SIGNATURE Signature, typed or printed name of registered agent and title it 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, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Change ■ Addition KING, WOODROW J NAME NAME 421 WHIRLPOOL ROAD STREET ADDRESS STREET ADDRESS **CENTURY FL 32535** CITY-ST-ZIP CITY - ST - ZIP DILE ' Delete ☐ Change Addition HOFFMAN, CHARLES S NAME NAME **4813 ATTAWAY DRIVE** STREET ADDRESS STREET ADDRESS **PACE FL 32571** CITY-SI-ZIP CITY-ST-ZIP FITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP THIE ☐ Delete THEE □ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY - ST - ZIP Delete TITLE Change Addition 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-SI-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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 given like empowered.

Workow King Ir april 23,2007 (850) 256-2660

PETICER OR DIRECTOR

Daylor & Phone #

FILED