2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 25, 2008 8:00 am Secretary of State DOCUMENT # P96000040562 1. Entity Name 08-25-2008 90001 049 ***550.00 WOODY KING CONSTRUCTION, INC. Principal Place of Business Mailing Address 421 WHIRLPOOL ROAD CENTURY FL 32535 421 WHIRLPOOL ROAD CENTURY FL 32535 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 59-3379267 Not Applicable Zip Country 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 Zip 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, typed or printed name of registered agent and late. I amplicable. DATE (NOTE: Registraed Agent expedure required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Defete Addition KING, WOODROW J NAME . NAME STREET ADDRESS 421 WHIRLPOOL ROAD STREET ADDRESS CITY-ST-ZIP CENTURY FL 32535 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition MARKE PRIME, JASON NAME 619 1/2 N 70TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32506 CITY-ST-ZIP ☐ Change TITLE ☐ Derete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CBY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS

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 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.

NAME

CITY-ST-ZIF

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITILE

10 cc SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Woodrow King 17 08-20-08 (850) 256-2600

☐ Change

Addition

FILED