2007 FOR PROFIT CORPORATION

P96000103939 **ANNUAL REPORT DOCUMENT # P96000103939** H & H FERGUSONS' CONTRACTING, INC. 07 AUG 22 7.HTH: 20 Principal Place of Business Mailing Address 10534 66TH STREET NORTH 10534 66TH STREET NORTH PINELLAS PARK, FL 33782-2310 PINELLAS PARK, FL 33782-2310 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apr. #, etc. 06082007 Chg-P CR2E034 (12/06) City & State Applied For City & State ▲ FEI Number 59-3421388 Not Applicable Zip 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 HALE, FRED H Street Address (P.O. Box Number is Not Acceptable) 5369 PARK BLVD PINELLAS PARK, FL 33781-3421 City 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 optigations of registered agent. SIGNATURE Signature, hipped or priviled name of registered agent and use it appropriate (NOTE: Registered Agent signature required when re-instating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Detete MILE TITLE Change Addition FERGUSON, JAMES H NAME NAME STREET ADDRESS STREET ADDRESS 10534 66TH STREET NORTH PINELLAS PARK, FL 337822310 CITY-ST-ZIP CITY - ST - ZIP TITLE Delete Change ☐ Addition FERGUSON, PATRICIA A NAME NAME STREET ADDRESS 10534 66TH STREET NORTH STREET ADDRESS CITY ST-ZIP PINELLAS PARK, FL 337822310 CITY-ST-ZP Delete FILLE TITLE ☐ Change Addition NAME FERGUSON, JAMES H JR 10534 66TH STREET NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 337822310 CITY-ST-ZIP 🗆 Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY - ST- ZIP CITY-ST-ZIP TITLE Delete THEF ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS C11Y - S1 - ZP CiTY+ST-ZIP TITLE Delete TITLE n Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling 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 an address, with all premylike ampowered.

07-06-2007 90001 019 130.00