2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** May 08, 2008 08:00 AN Secretary of State **DOCUMENT # P96000103939** 1. Entity Name H & H FERGUSONS' CONTRACTING, INC. Mailing Address Principal Place of Business 10534 66TH STREET NORTH 10534 66TH STREET NORTH PINELLAS PARK, FL 33782-2310 PINELLAS PARK, FL 33782-2310 CR2E034 (11/05) 04302008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3421388 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALE, FRED H DO NOT WRITE 5369 PARK BLVD PINELLAS PARK, FL 33781-3421 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 Signsture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. IIILE FERGUSON, JAMES H NAME STREET ADDRESS 10534 66TH STREET NORTH U000000950199 CITY-ST-ZIP PINELLAS PARK, FL 337822310 06/03/09-80058-016 150.00 TITLE FERGUSON, PATRICIA A NAME STREET ADDRESS 10534 66TH STREET NORTH CITY-ST-ZIP PINELLAS PARK, FL 337822310 TITLE NAME FERGUSON, JAMES H JR STREET ADDRESS 10534 66TH STREET NORTH DO NOT WRITE CITY-ST-ZIP PINELLAS PARK, FL 337822310 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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 an address, with all other like empowered.

SIGNATURE:

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

AMES H