-2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2008 08:00 AM DOCUMENT # P97000077954 Secretary of State 1. Entity Name ARGYLÉ CONSTRUCTION, INC. Mailing Address Principal Place of Business 5331 COMMERCIAL WAY, SUITE 105 5331 COMMERCIAL WAY, SUITE 105 SPRING HILL, FL 34606 SPRING HILL, FL 34606 CR2E034 (11/05) 01292008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3469691 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent STOOPS, TIMOTHY L DO NOT WRITE 5331 COMMERCIAL WAY, SUITE 105 SPRING HILL, FL 34606 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PD TTLE STOOPS, TIMOTHY L NAME STREET ADDRESS 5331 COMMERCIAL WAY, SUITE 105 CITY-ST-ZIP SPRING HILL, FL 34606 VSTD TITLE U00000879331 04/15/08-80013-018-150.00 NAME STOOPS, SUE S STREET ADDRESS 5331 COMMERCIAL WAY, SUITE 105 CITY-ST-ZIP SPRING HILL, FL 34606 TITLE . NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

TIMITHY L STOOPS PRESIDENT 352-596-1954 OFFICER OR DIRECTOR