2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000086514 FILED DUANE KOPTA GENERAL CONTRACTOR, INC. 06 AUG 25 AM 8: 31 Principal Place of Business Mailing Address SECRETARY OF STATE 52 N. PALMETTO CREEK RD. 52 N. PALMETTO CREEK RD. LLAHASSEE, FLORIDA AVON PARK, FL 33825 AVON PARK, FL 33825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08162006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0795511 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 KOPTA, WANDA 52 N. PALMETTO CREEK RD. Street Address (P.O. Box Number is Not Acceptable) AVON PARK, FL 33825 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 title if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Addition VPT KOPTA, WANDA NAME NAME Kopta, Wanda 52 N Palmetto Creek Rd. 52 N. PALMETTO CREEK RD. STREET ADDRESS STREET ADDRESS CITY - ST-ZIP AVON PARK, FL 33825 CITY-ST-ZIP Avon Park, FL 33825 VPS Delete TITLE TITLE ☐ Addition NAME KOPTA, KENNY NAME 25 STREET ADDRESS 52 N. PALMETTO CREEK RD. STREET ADDRESS AVON PARK, FL 33825 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE PS ☐ Addition TITLE NAME Kopta, Duane 52 N Palmetto Creek Rd KOPTA, DUANE NAME STREET ADORESS 52 N. PALMETTO CREEK RD. STREET ADDRESS CITY-ST-ZIP AVON PARK, FL 33825 CITY-ST-7IP Avon Park, FL 33825 ☐ Detete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Wanda
to officer or director

Kopt.a

JC 8/28