2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 11, 2007 8:00 am Secretary of State DOCUMENT # P97000107252 04-11-2007 90014 033 ***150.00 UTILITY CONSTRUCTORS, INC. Principal Place of Business Mailing Address 1330 ILLINOIS AVE PALM HARBOR FL 34683 1330 ILLINOIS AVE PALM HARBOR FL 34683 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3010895 Not Applicable Zin 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 HARRISON, PATRICIA J Street Address (P.O. Box Number is Not Acceptable) 1330 ILLINOIS AVE PALM HARBOR FL 34683 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 SIGNATURE . (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PN THE Defete HHE ☐ Change ☐ Addition HARRISON, PATRICIA J NAME NAME 1330 ILLINOIS AVE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIP VTD VΟ Delete ☐ Addition Harrison, James N HARRISON, JAMES N NAME 1330 Illinois Aue Palm Harbor F1 34683 1330 ILLINOIS AVE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY - ST- ZIP FILLE ☐ Delete TITLE ☐ Change Addition HARRISON, JEREMY E NAME MAME 1523 ILLINOIS AVE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Defete **Addition** James N Harrison Jr. 614 Fair Oaks Dr. Tarpon Springs, F1 34689 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP

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.

SIGNATURE:

GNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07

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