2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, With all other like empowered.

Apr 28, 2005 8:00 am Secretary of State DOCUMENT # P98000021368 1. Entity Name RODCO CONSTRUCTION INCORPORATED 04-28-2005 90207 012 ***150.00 5 18 162 W Principal Place of Business Mailing Address 13900 MULHOLLAND ROAD 13900 MULHOLLAND ROAD PARRISH, FL 34219 PARRISH, FL 34219 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162005 CR2E034 (10/03) 3506 Mulholland Rd. Cha-P 3,506 Mi Qity & State City & State Applied For 4. FEI Number arrist arris 65-0819756 Not Applicabl Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Manatee Fee Required Manatee 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAWLS, DUANE S Street Address (P.O. Box Number is Not Acceptable) 13900 MULHOLLAND RD. PARRISH, FL 34219 3506 Mu Zip Code > 12 Fl Parrish 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. 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 8e FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Additio NAME RODRIGUEZ, BENJAMIN M RODRIGUEZ, Benjamin M. NAME 13506 mulholland Rd. STREET ADDRESS 13900 MULHOLLAND ROAD STREET ADDRESS CITY-ST-ZIP PARRISH, FL 34219 CITY-ST-ZIP Parrish F1 34219 TITLE Delete TITLE (A) Change ☐ Additio RODRIGUEZ Penny C RODRIGUEZ, PENNY C NAME NAME 13506 mulholland Rd. STREET ADDRESS 13900 MULHOLLAND ROAD STREET ADDRESS PARRISH, FL 34219 CITY-ST-ZIP CUTY-ST-7/P Parrish F1 34219 TITLE ☐ Delete TIBE ☐ Change ☐ Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADORESS CITY-SI-7IP CITY-ST-78P TIRE TITLE ☐ Delete ☐ Change ☐ Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Additio 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report ex 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 repeiver 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 in

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