2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2008 08:00 AN Secretary of State DOCUMENT # P98000021368 RODCO CONSTRUCTION INCORPORATED Principal Place of Business Mailing Address 13506 MULHOLLAND ROAD 13506 MULHOLLAND ROAD PARRISH, FL 34219 PARRISH, FL 34219 03132008 No Chg-P CR2E034 (11/05) DONOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0819756 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RODRIGUEZ, BENJAMIN 13506 MULHOLLAND ROAD PARRISH, FL 34219 INTHIS 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 DATE (NOTE, Registered Agent signature required when reinstating) U0000092013R 05/14/08-80032-005 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE RODRIGUEZ, BENJAMIN M NAME STREET ADDRESS 13506 MULHOLLAND ROAD CITY-ST-ZIP PARRISH, FL 34219 TITLE RODRIGUEZ, PENNY C NAME STREET ADDRESS 13506 MULHOLLAND ROAD CITY-ST-ZIP PARRISH, FL 34219 TITLE NAME STREET ADDRESS DONOISWRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

12. Thereby 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: DAMED OR PRINTED NAME OF PRINTED NA