2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2007 8:00 am Secretary of State DOCUMENT # P98000023791 05-04-2007 90097 033 ***150.00 1. Entity Name J. TRUBENBACH CONSTRUCTION, INC. Principal Place of Business Mailing Address 36432 GRASSY HILL LANE 36432 GRASSY HILL LANE EUSTIS, FL 32726 EUSTIS, FL 32726 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052007 Chg-P CR2E034 (12/06) 4. FEI Number City & State City & State Applied For 59-7123621 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 TRUBENBACH, JOHN E Street Address (P.O. Box Number is Not Acceptable) 36432 GRASSY HILL LANE EUSTIS, FL 32726 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 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition ☐ Change NAME TRUBENBACH, JOHN NAME STREET ADDRESS 36432 GRASSY HILL LN STREET ADDRESS EUSTIS, FL 32736 CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F ☐ Delete ☐ Change ☐ Addition RUTHERFOR, JOHN K NAME NAME STREET ADDRESS 56601 OTTER ROAD STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP ASTOR, FL 32102 TITLE Change Addition TITLE TRUBENBACH, MICHELLE NAME STREET ADDRESS 36432 GRASSY HILL LANE STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32736 CITY-ST-7IP TITLE VPO ☐ Delete ☐ Change TITLE ☐ Addition ELLER, RONALD C STREET ADDRESS 401 N HAWLEY ST STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32726 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE:

CiTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAM

352-589-2024

FILED