2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: POGLAR

Mar 05, 2007 8:00 am Secretary of State DOCUMENT # P98000087910 03-05-2007 90069 046 ***150.00 RICH FOGLER CONSTRUCTION, INC. Principal Place of Business Mailing Address 4280 CARNWORTH RD. TALLAHASSEE FL 32302 4280 CARNWORTH RD. TALLAHASSEE FL 32302 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1265 DOGWOUD DR 1265 poewood OR Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-3537109 City & State City & State Applied For HAVANA AVANA Not Applicable Country .: Country Zıp Zip \$8.75 Additional 5. Certificate of Status Desired <u>32333</u> GADSORN GAOSOFW 32333 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOGLER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4280 CARNWORTH RD. TALLAHASSEE FL 32302 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 XICH 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. ☐ Defete TITLE THEE ☐ Change Addition FOGLER, RICH MAME NAME 4280 CARNWORTH RD. STREET ADDRESS STREE (ADORESS TALLAHASSEE FL 32302 CATY - ST - ZIP CITY - ST - ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY - ST - ZIP URE ☐ Change HILE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF uliy-si-ar TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 trusted 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.

FILED