2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2007 08:00 AM Secretary of State DOCUMENT # P98000099494 BOHANNON CONSTRUCTION, INC. Principal Place of Business Mailing Address 1640 FIRE THORNE LN 1640 FIRE THORNE LN SARASOTA, FL 34240 SARASOTA, FL 34240 04302007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0881063 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PADEREWSKI, ALEXANDER G DO NOT WRITE **1834 MAIN ST** SARASOTA, FL 34236 IN THIS 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS THILE NAME BOHANNON, JOE C 1640 FIRETHORNE LANE STREET ADDRESS U00000756227 CITY-ST-ZIP SARASOTA, FL 34240 05/23/07-80018-016 150.00 BOHANNON, DEBORAH T NAME STREET ADDRESS 1640 FIRETHORNE LANE SARASOTA, FL 34240 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHATURE AND TYPED THE PRINTED NAME OF RIGHING OF

oorah T. Bohannou

ove 4.

07 941-341-08

Date .

Daytime Phone #

FILED