2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2005 08:00 AM **DOCUMENT # P99000009309 Secretary of State BUFORD CONSTRUCTION COMPANY** Mailing Address Principal Place of Business **606 CAMDEN AVENUE 606 CAMDEN AVE** STUART, FL 34994 STUART, FL 34994 CR2E034 (10/03) 01042005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 65-0893849 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BUFORD, DENNIS A DO NOT WRITE 5638 SE LAMAY DR. STUART, FL 34997 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 reinstacing) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 U00000195415 01/26/05-80026-019_150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PV MLE BUFORD, DENNIS A NAME STREET ADDRESS 5638 SE LAMAY DR. CITY-\$1-ZIP STUART, FL 34997 TITLE TS BUFORD, JI D NAME STREET ADDRESS 5638 SE LAMAY DR. CTTY-ST-ZIP STUART, FL 34997 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 director of the corporation or the receiver or director of the corporation or the receiver or director of the corporation of the receiver or director of the corporation or the receiver or director of the corporation of the receiver or director or direct

SIGNATURE:

CITY-ST-7P TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP

Ji D. Buford

January 24, 2005

772-283-2050