2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 30, 2007 8:00 am Secretary of State DOCUMENT # P99000052933 1. Entity Name 01-30-2007 90010 046 ***150.00 KATZ DESIGNS & CONSTRUCTION, INC. Principal Place of Business Mailing Address 13751 PONDVIEW CIRCLE 13751 PONDVIEW CIRCLE NAPLES FL 34119-0913 NAPLES FL 34119-0913 2. Principal Place of Brainess - No.P.O.B 3. Mailing Address Demedici Circle Suite, Apt. #, etc. Suite, Apl. #, etc 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For 58-1696386 Delra4 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33446 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KATZ, GARY H Street Address (P.O. Box Number is Not Acceptable) 13751 PONDVEIW CIRCLE le Medici NAPLES FL 34119-0913 Zip Code 33446 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 minic or registered agent and title if applicable (NOTE: Registered Agent signature required when rehistatural 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE Delete Ш Change Addition KATZ, SHARON NAM NAMI 13751 PONDVIEW CIRCLE 17252 DeMedici Circle SHEET ADDRESS STREET ADDRESS NAPLES FL 34119 Delran Beach, Fr 37446-3186. CITY ST ZIP CHY ST ZIP HHI UJUE ☐ Delete Change Addition KATZ, GARY H NAM NAMO 7252 Demedici Circle 13751 PONDVIEW CIRCLE STRUCT ADDRESS STREET LADDRESS NAPLES FL 34119 Delray Beach, Fl. 33446-3186 CITY ST-ZIE CHY-ST-7IP IHII Delete THE Change Addition NAM NAM STREET ADDRESS STREET ADDRESS CHY S1-ZIP CITY ST ZIP HHE ☐ Delete HH Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY ST ZIP CHY ST ZIP ☐ Delete HITLE ☐ Change Addition NAMI STRLET ADDRESS STREET ADDRESS

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 eath; 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.

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STREET ADDRESS

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SIGNATURE:

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Gary H Katz

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Addition

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