2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # P99000104760 1. Entity Name SUGALSKI CONSTRUCTION INC. Mailing Address Principal Place of Business 56 E. PILAR ST. 56 E. PILAR ST. HERNANDO FL 34442 HERNANDO FL 34442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/04) 1st MOORE 4. FEI Number Applied For City & State City & State 59-3611156 Not Applicable \$8.75 Additional Country Zip Country Zip. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUGALSKI, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 56 E. PILAR ST. HERNANDO FL 34442 Zip Code City FΙ 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE (NOTE Registered Agent signature regained when reinstating) Signature, typed of printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Bo After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change Addition IIILE Delete TITLE SUGALSKI, MICHAEL NAME NAME U00000324593 04/22/05-80101-003 150.00 STREET ADDRESS 56 EAST PILAR STREET STREET ADDRESS HERNANDO FL 34442 CHY-ST-ZIP CHY-ST-ZIP Change ☐ Additic TILLE ☐ Delete THE MAME NAME SUGALSKI, DAWN E **56 EAST PILAR STREET** STREET ADDRESS STREET ADDRESS CITY-ST-7/P Cli Y-S1-ZIP HERNANDO FL 34442 nice ☐ Change Addition Delete Illit NAME KAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY-ST-ZIP Additio ☐ Change ☐ Delete TULLE TOTAL NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP ☐ Adeitic DILE ☐ Change ☐ Detete MILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP DELY ST. 7IP Āddilio ☐ Change ☐ Delete mur THLE MAME MAM STREET ADORESS STREET ADDRESS CHY-Si-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

FILED