2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #V34840 FILED 1. Entity Name FREDRICKS CONSTRUCTION, INC. 07 JUL 13 AM II: 53 Mailing Address Principal Place of Business 1985 RED CEDAR CIRCLE 1985 RED CEDAR CIRCLE S DAYTONA, FL 32119 S DAYTONA, FL 32119 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 07092007 Chg-P Applied For City & State City & State 4. FEI Number 59-3125568 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREDRICKS, CINDY Street Address (P.O. Box Number is Not Acceptable) 1985 RED CEDAR CIRCLE S DAYTONA, FL 32119 City Zip Code FI 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 reinstating) **\$5.00** May Be 9. Election Campaign Financing Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition ☐ Delete TITLE TITLE 80010840914E FREDRICKS, CINDY MRS NAME NAME 07/19/07--01056--008 STREET ADDRESS STREET ADDRESS 1985 RED CEDAR CIRCLE CITY-ST-ZIP S DAYTONA, FL 32119 COTY-ST-ZIP Delete TITLE TITLE FREDRICKS, ROBIN MR MAME FREDRICKS, ROBIN NAME 1985 RED CEDAR CIRCLE STREET ADDRESS STREET ADDRESS 1985 Red Cedar Circle CITY-ST-ZIP S DAYTONA, FL 32119 CITY-ST-ZIP Daytona, FL 32119 ☐ Change ★★Addition ☐ Delete TITLE THIF NAME NAME FREDRICKS, SEAN STREET ADDRESS STREET ADDRESS 1985 Red Cedar Circle CITY-ST-ZIP CITY-ST-ZIP Daytona, FL ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 equired 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 enpowered. 295-1149 SIGNATURE: 🖄

INTED NAME OF SIGNING OFFICER OR DIRECTOR