2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 21, 2008 08:00 All Secretary of State DOCUMENT # V68142 1. Entity Name STEPHEN KHAN GENERAL CONTRACTOR, INC. Principal Place of Business Mailing Address 6322 PRESIDENTIAL CT. FORT MYERS FL 33919 6322 PRESIDENTIAL CT. FORT MYERS FL 33919 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apl. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FE! Number 65-0362152 Not Applicable Zip Country Zιp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KHAN, STEPHEN W Street Address (P.O. Box Number is Not Acceptable) 14736 KIMBERLY LANE SUITE I-2 FT MYERS FL 33908 City Zip Code 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 DATE Signature, typed or entired name of registered agent and the if applicable (NOTE: Registered Agent's goulding required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 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 10. 11. ☐ Change Addition TITLE Delete TITLE U0000091189 NAME KHAN, STEPHEN 05/07/08-80057-001 150.00 STREET ADDRESS 14736 KIMBERLY LANE STREET ADDRESS CITY-ST-ZIP FT. MYERS FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE Change Addition NAME HPFAR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Defete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. If 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:

4-17-08

239-482-4844