


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # L66910 1. Entity Name FAGAN CONSTRUCTION, INC.	
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Principal Place of Business 931 W MAXIMILLIAN PL DUNNELLON, FL 34434 US	Mailing Address 931 W MAXIMILLIAN PL DUNNELLON, FL 34434 US
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DO NOT WRITE IN THIS SPACE

03192008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0196879	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAGAN, KERRY B
 931 W MAXIMILLIAN PL
 DUNNELLON, FL 34434

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


000000865854
 04/03/08-80004-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAGAN, KERRY B. 10435 N BIG BASSTRAIL DUNNELLON, FL 34434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAGAN, KEVIN S. 11411 CAMP DR DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAGAN, LINDA J 10765 N. WISE OWL PT. DUNNELLON, FL 34434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 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:  **3/20/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #