

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 467753
 1. Entity Name
D.S. EAKINS CONST. CORP.



Principal Place of Business: **1481 KINETIC RD LAKE PARK FL 33403**
 Mailing Address: **PO BOX 530185 LAKE PARK FL 33403 US**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____

1st MOORE CR2E034 (10/05)

4. FEI Number: **59-1691997** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
EAKINS, SANDI F.
1481 KINETIC RD
LAKE PARK FL 33403

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: EAKINS, DOUGLAS S. STREET ADDRESS: 1481 KINETIC RD CITY-ST-ZIP: LAKE PARK FL 33403	<input type="checkbox"/> Delete
TITLE: CEO NAME: EAKINS, SANDI F. STREET ADDRESS: 1481 KINETIC RD CITY-ST-ZIP: LAKE PARK FL 33403	<input type="checkbox"/> Delete
TITLE: D NAME: EAKINS, SANDI F. STREET ADDRESS: 1481 KINETIC RD CITY-ST-ZIP: LAKE PARK FL 33403	<input type="checkbox"/> Delete
TITLE: VPSD NAME: FRICK, CINDI M STREET ADDRESS: 1481 KINETIC RD CITY-ST-ZIP: LAKE PARK FL 33403	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 05/17/06 00036 002 158.75

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 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: **D.S. EAKINS CONSTRUCTION CORPORATION**
CEO Date: **4-25-06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #