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Jan 12, 2006 8:00 am
Secretary of State
01-12-2006 90166 002 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 668405

1. Entity Name
REGIS CONSTRUCTION ENTERPRISES INC.

Principal Place of Business	Mailing Address
4412 2ND AVE. HOLMES BEACH, FL 34217	4412 2ND AVE. HOLMES BEACH, FL 34217

01032006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2051 Berry Roberts	2051 Berry Roberts
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Sun City Center	City & State: Sun City Center, Fl.
Zip: 33573 Country	Zip: 33573 Country

4. FEI Number: 59-2027478 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REGIS, WILLIAM F
4412 2ND AVE.
HOLMES BEACH, FL 34217

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 ____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P REGIS, WILLIAM F 4412 2ND AVE HOLMES BEACH, FL 34217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2051 Berry Roberts Dr. Sun City Center, Fl. 33573
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST REGIS, ARLINE L 4412 2ND AVE HOLMES BEACH, FL 34217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2051 Berry Roberts Dr. Sun City Center, Fl. 33573
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] William F. Regis 01-04-06 (813) 633-8318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #