

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97996

FILED
Apr 26, 2006
Secretary of State

Entity Name: SALISBURY CONSTRUCTION SERVICE CORP.

Current Principal Place of Business:

5301 PINE TREE ROAD
POMPANO BEACH, FL 33067

New Principal Place of Business:

Current Mailing Address:

5301 PINE TREE ROAD
POMPANO BEACH, FL 33067

New Mailing Address:

FEI Number: 59-2232870 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALISBURY, G ROBERT, III
5301 PINE TREE RD
POMPANO BEACH, FL 33067 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SALISBURY, G ROBERT, III
Address: 5301 PINE TREE RD
City-St-Zip: POMPANO BEACH, FL

Title: VP () Delete
Name: SALISBURY, DANIEL SCOTT
Address: 5301 PINE TREE ROAD
City-St-Zip: POMPANO BEACH, FL

Title: S () Delete
Name: SALISBURY IV, GEORGE R.
Address: 5301 PINE TREE ROAD
City-St-Zip: POMPANO BEACH, FL

Title: AS () Delete
Name: SALISBURY, MARTHA
Address: 5301 PINE TREE ROAD
City-St-Zip: POMPANO BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. ROBERT SALISBURY, III

PSD

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date