


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H23523</b> 1. Entity Name TRACEY CONSTRUCTION, INC.	
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Principal Place of Business 1248 VISCAYA PKWY CAPE CORAL, FL 33990	Mailing Address 1248 VISCAYA PKWY CAPE CORAL, FL 33990
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**DO NOT WRITE IN THIS SPACE**



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2532516	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  
  
HALICZER, JAMES S.  
101 NE THIRD AVE 6TH FL  
FT LAUDERDALE, FL 33301

**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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1000000457682 03/17/06-80014-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TRACEY, DAVID G. 1248 VISCAYA PKWY CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRACEY, JOSEPH H. 1248 VISCAYA PKWY CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRACEY, KAREN L. 1248 VISCAYA PKWY CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** Karen Tracey Karen Tracey, Secretary 2/21/06 839-5744900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #