2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2007 08:00 AM Secretary of State

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1. Entity Name

R. E. FLOYD CONSTRUCTION CORPORATION



Principal Place of Business

Mailing Address

208 SHORE DRIVE

PALM HARBOR, FL 34683 US

208 SHORE DRIVE PALM HARBOR, FL 34683

US



DO NOT WRITE IN THIS SPACE

01112007	No Chg-P	CR2E034 (11/05)
4 CCI Number		Applied For

4. FEI Number	ŀ	Applied to
59-2486816		Not Applicable
5. Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

FLOYD, ROBERT E. 208 SHORE DRIVE PALM HARBOR, FL 34683

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	Signature, typed or printed name of registered agent and little If	applicable. (NOTE: Registered.	Agent signature	required when reinstaling)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000605240 01/30/07-80026-025 150.00		
10.	OFFICERS AND DIREC	TORS			,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLOYD, ROBERT E. 208 SHORE DRIVE PALM HARBOR, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FLOYD, JUDITH L. 208 SHORE DRIVE PALM HARBOR, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLOYD, JUSTIN R 208 SHORE DRIVE PALM HARBOR, FL			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

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 eath; 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:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIDECTOR

1/21/07