2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State
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DOCUMENT # L48548 1. Entity Name BAENEN CONSTRUCTION, INC.					02-01-2006 90011 007 ***150.00				
Principal Plac	e of Business	Mailing Address			1	UUUU	13016		
C/O MARK E. BAENEN PO BOX 1237 13620 LAS PALMAS INDIAN ROCKS BEACH, FL LARGO, FL 34644-4631				L 33785		11 8 6 4 30 1 El Billio Bittos Ido	 	ENRE (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal Place of Business 17726 LONG POWT DR. 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, et					01302006	Chg-P	CR2E034 (11/05)		
City & State	TON SHORES FL	City & State			4. FEI Numbe 59-2987		 	pplied For ot Applicable	
Zip 33702	Country	Žip	Country			of Status Desireo	S8.75 Ad Fee Require	ditional	
	6. Name and Address of Current F		7. Name and Address of New Registered Agent						
BAENEN, MARK E.				BAENEN, MARK E					
13620 LAS PALMAS				Street Address (P.O. Box Number is Not Acceptable)					
LARGO, FL 34640									
			City	FAIRIE	7011 5X	here	FL Zip Cg	de 200	
8. The above named entity submits this statement feethe 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 legistered agent. SIGNATURE Signature, typed or printed-traine of registered agent and life if apprictable (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 \$5.00 May Be Added to Fees									
10.	OFFICERS AND E		11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAENEN, MARK E. 13620 LAS PALMAS LARGO, FL	☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	SS 177		PRK E G POINT T SHORES		Addition	
TITLE		☐ Delete	TITLE		01101010	Dijone S	Change	Addition	
NAME Street Address City-St-Zip			name Street adori City+St+Zip	ss					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ess			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS	_		☐ Change	Addition	

12. Thereby certify that the information supplied with this filling 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 plane like empowered.

SIGNATURE!

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR TRESIDENT

Daytime Phone #