


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M60353 1. Entity Name SCHARNAGL CONSTRUCTION, INC.	
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Principal Place of Business SCHARNAGL CONSTRUCTION, INC. 10755 SW 190TH STREET, BAY 54 MIAMI, FL 33157 US	Mailing Address SCHARNAGL CONSTRUCTION, INC. 10755 SW 190TH STREET, BAY 54 MIAMI, FL 33157 US
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0008354	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

SCHARNAGL, ROBERT
 10755 SW 190TH STREET
 BAY 54
 MIAMI, FL 33157

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

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	
TITLE	P
NAME	SCHARNAGL, ROBERT
STREET ADDRESS	13001 S.W. 106 ST.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VP
NAME	SCHARNAGL, TIMOTHY
STREET ADDRESS	28105 S.W. 168TH CT.
CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

110000295476
11/26/06-80052-019 150.00

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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: Robert Scharnagl ROBERT SCHARNAGL 1-19-06 305-235-8174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #