## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # P03000000541** 02-02-2006 90047 020 \*\*\*150.00 1. Entity Name DYNAN CONSTRUCTION MANAGEMENT, INC. Mailing Address Principal Place of Business 2626 NASSAU ST 2626 NASSAU ST 60010807 SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business 3. Mailing Address 7010 28+N C+ E J010 98+XC+ E Suite, Apt. #, etc. Suite, Apt. #, etc. 01222006 CR2E034 (11/05) Chg-P City & State Applied For & State 4. FFI Number Jarasota FL 13-4240609 Not Applicable 9408048 Country Country \$8.75 Additional 5. Certificate of Status Desired EURUE Manatee 33+6116 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DYNAN, ROBERT K Street Address (P.O. Box Number is Not Acceptable) 2626 NASSAU ST SARASOTA, FL 34231 Zip Code City FL 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST Maddition TITLE Delete TITLE ☐ Channe DYNAN, ROBERT K NAME NAME 2626 NASSAU ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 it 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 in the corporation of 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 in the corporation of the receiver of the receiver of the corporation of the receiver of the recei

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