

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90004 005 \*\*\*158.75

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # P03000112827			
1. Entity Name CORE CONSTRUCTION SERVICES, SOUTHEAST, INC.			
Principal Place of Business 4227 EXCHANGE AVENUE NAPLES, FL 34104-7018		Mailing Address 4227 EXCHANGE AVENUE NAPLES, FL 34104-7018	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 37-1104244		Applied For <input type="checkbox"/> For Approval	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WISEMAN, JOHN P 4227 EXCHANGE AVENUE NAPLES, FL 34104-7018		Name Raymond L. Bass, Esq. Street Address (P.O. Box Number is Not Acceptable) 2335 Tamiami Trail N. - Suite 409 City Naples FL Zip Code 34103-4459	
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 <u>Raymond L. Bass, Esq.</u>		<u>Raymond L. Bass</u> 02/03/06	
SIGNATURE, typed or printed name of registered agent and title 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME WISEMAN, JOHN P STREET ADDRESS 4227 EXCHANGE AVENUE CITY-ST-ZIP NAPLES, FL 341047018	<input type="checkbox"/> Delete	TITLE D. NAME BAUM, WAYNE E. STREET ADDRESS 866 NORTH MAIN STREET CITY-ST-ZIP MORTON, IL 615501602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SV NAME WALLENFANG, THOMAS J STREET ADDRESS 866 NORTH MAIN STREET CITY-ST-ZIP MORTON, IL 615501602	<input type="checkbox"/> Delete	TITLE D. NAME BAUM, ROBERT L. STREET ADDRESS 866 NORTH MAIN STREET CITY-ST-ZIP MORTON, IL 615501602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VT NAME GURDIAN, ROBERT J STREET ADDRESS 4227 EXCHANGE AVENUE CITY-ST-ZIP NAPLES, FL 341047018	<input type="checkbox"/> Delete	TITLE D. NAME BAUM, MELVIN STREET ADDRESS 866 NORTH MAIN STREET CITY-ST-ZIP MORTON, IL 615501602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BAUM, CRAIG STREET ADDRESS 866 NORTH MAIN STREET CITY-ST-ZIP MORTON, IL 615501602	<input type="checkbox"/> Delete	TITLE D. NAME BAUM, CURT STREET ADDRESS 866 NORTH MAIN STREET CITY-ST-ZIP MORTON, IL 615501602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BAUM, KENNETH D STREET ADDRESS 866 NORTH MAIN STREET CITY-ST-ZIP MORTON, IL 615501602	<input type="checkbox"/> Delete	TITLE D. NAME SULLIVAN, GLEN D. STREET ADDRESS 866 NORTH MAIN STREET CITY-ST-ZIP MORTON, IL 615501602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BAUM, ROBERT J STREET ADDRESS 866 NORTH MAIN STREET CITY-ST-ZIP MORTON, IL 615501602	<input type="checkbox"/> Delete	TITLE D. NAME ROESCHLEY, STEPHEN R. STREET ADDRESS 866 NORTH MAIN STREET CITY-ST-ZIP MORTON, IL 615501602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Robert J. Gurdian</u>		2/7/06 239.643.6677	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
Robert J. Gurdian, VT			

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