2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000143139

1. Entity Name

ALL PHASE CONSTRUCTION OF CENTRAL FLORIDA, INC.



FILED Apr 22, 2005 08:00 AM Secretary of State

Principal Place of Business

920 S. OLEANDER STREET LONGWOOD, FL 32750 Mailing Address

920 S. OLEANDER STREET LONGWOOD, FL 32750



01102005

No Chg-P

CR2E034 (10/03)

4. FEI Number 20-0484613

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARTMAN, BRYAN S 920 S. OLEANDER STREET LONGWOOD, FL 32750

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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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	olng 🛮	\$5.00 May Be Added to Fees	U00000324387 04/22/05-80092-011 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PD HARTMAN, BRYAN S 920 S. OLEANDER STREET LONGWOOD, FL 32750				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARTMAN, WANDA L 920 S. OLEANDER ST. LONGWOOD, FL 32750				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CICNATIDES DA MANTO