


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000020116

1. Entity Name
 ESCUE CONSTRUCTION INC.



Principal Place of Business
 3038 SW SEGOVIA ST.
 PT ST LUCIE, FL 34953 US

Mailing Address
 3038 SW SEGOVIA ST.
 PT ST LUCIE, FL 34953 US

DO NOT WRITE IN THIS SPACE



04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3782966	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

ESCUE, JERRY P
 3038 SW SEGOVIA ST
 PT ST LUCIE, FL 34953

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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 _____ (NOTE: Registered Agent signature required when reconstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000747458 05/17/07-80025-019 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESCUE, JERRY P 3038 SW SEGOVIA ST PT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESCUE, ERIC P 3038 SW SEGOVIA ST PT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ESCUE, MARILYN L 3038 SW SEGOVIA ST PT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESCUE, MATTHEW J 3038 SW SEGOVIA ST PT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: Jerry P. Escue **4/26/07** **772-340-7266 fax**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **772-263-2283 cell**