


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90032 029 ***150.00

DOCUMENT # P04000025455

1. Entity Name
ADMIRAL CONSTRUCTION INC.



Principal Place of Business
**455 CINNAMON BARK LANE
ORLANDO, FL 32835 US**

Mailing Address
**455 CINNAMON BARK LANE
ORLANDO, FL 32835 US**

90004J16

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
17632 Phil C. Peters Rd
Suite, Apt. #, etc.



City & State
Winter Garden, FL

City & State
Winter Garden, FL

Zip
34787

Country
US

04272005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**LEGAL-ZOOM NEVADA INC.
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130**

4. FEI Number
80 0100759

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name
Edward A. Stewart
Street Address (P.O. Box Number is Not Acceptable)
17632 Phil C. Peters Rd.
City
Winter Garden FL Zip Code
34787

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 *Edward A. Stewart* President 5/15/05
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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES STEWART, EDWARD A 455 CINNAMON BARK LANE ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC STEWART, BARBARA R 455 CINNAMON BARK LANE ORLANDO, FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHRISTINA ALMQUIST 856 Eagle Claw Ct, LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Edward A. Stewart* 5/15/05 407-295-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #