

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90002 002 ***150.00



DOCUMENT # P04000025455
 1. Entity Name
ADMIRAL CONSTRUCTION INC.

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

Mailing Address
17632 PHIL C. PETERS RD
WINTER GARDEN, FL 34787 US

2. Principal Place of Business
1000 E. Robinson St.
 Suite, Apt. #, etc.
Suite I

3. Mailing Address
1000 E. Robinson St.
 Suite, Apt. #, etc.
Suite I

City & State
Orlando FL

City & State
Orlando FL

Zip
32801 Country
USA

Zip
32801 Country
USA

06212006 Chg-P CR2E034 (11/05)

4. FEI Number
80-0100759 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
STEWART, EDWARD A
17632 PHIL C. PETERS RD
WINTER GARDEN, FL 34787

7. Name and Address of New Registered Agent
 Name
STEWART, EDWARD A
 Street Address (P.O. Box Number is Not Acceptable)
1000 E. Robinson St.
Suite I
 City
Orlando FL Zip Code
32801

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 Stewart** **6/21/06**
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 Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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	SEC ALMQUIST, CHRISTINA 856 EAGLE CLAW CT LAKE MARY, FL 32746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES STEWART, EDWARD A 416 E. Citrus St. Altamonte Springs FL 32701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input 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 life empowered.

SIGNATURE: **Edward Stewart** **6/21/06** **407-295-6000**
Signature and typed or printed name of signing officer or director Date Daytime Phone #