


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V37917**  
 1. Entity Name  
 MEGA FORCE CONSTRUCTION, INC.



Principal Place of Business      Mailing Address  
 10407 N US HWY 41      10407 N US HWY 41  
 PALMETTO, FL 34221 US      PALMETTO, FL 34221 US

**DO NOT WRITE IN THIS SPACE**



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3124610      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 CRAWFORD, EARL P.  
 10407 N. US HWY 41  
 PALMETTO, FL 34221

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAWFORD, EARL P. 10407 N US HWY 41 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRAWFORD, MAUREEN 10407 N US HWY 41 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TENN, TAFARI N 12823 STANWYCK CIRCLE TAMPA, FL 33628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000238538  
 02/22/05-80004-007 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MAUREEN CRAWFORD      2/11/05      941-721-7771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #