


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90271 019 ***158.75

DOCUMENT # V37917			
1. Entity Name MEGA FORCE CONSTRUCTION, INC.			
Principal Place of Business 10407 N US HWY 41 PALMETTO, FL 34221 US		Mailing Address 10407 N US HWY 41 PALMETTO, FL 34221 US	
2. Principal Place of Business 11000 N. US Hwy 41 Suite, Apt. #, etc.		3. Mailing Address 11000 N. US Hwy 41 Suite, Apt. #, etc.	
City & State PALMETTO, FL.		City & State PALMETTO, FL.	
Zip 34221		Zip 34221	
Country US		Country U.S.	
4. FEI Number 59-3124610		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CRAWFORD, EARL P. 10407 N. US HWY 41 PALMETTO, FL 34221		7. Name and Address of New Registered Agent Name CRAWFORD, EARL P. Street Address (P.O. Box Number is Not Acceptable) 11000 N. US HWY 41 City PALMETTO FL Zip Code 34221	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD CRAWFORD, EARL P. 10407 N US HWY 41 PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11000 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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11000 N. US HWY 41 PALMETTO, FL. 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TENN, TAFARI N 12823 STANWYCK CIRCLE TAMPA, FL 33626 <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 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: <u>Maureen Crawford</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1/12/06</u>	Daytime Phone #: <u>941-721-7771</u>



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