


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 A
Secretary of State

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



Principal Place of Business Mailing Address
 11000 N. US HWY 41 11000 N. US HWY 41
 PALMETTO, FL 34221 US PALMETTO, FL 34221 US

DO NOT WRITE IN THIS SPACE



01022007 No Chg-P CR2E034 (11/05)

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.
 11000 N US HWY 41
 PALMETTO, FL 34221

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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 _____ DATE _____
Signature: Name and address of registered agent and title (if applicable) 6.0115: Registered Agent signature required when re-registering.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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. 11000 N US HWY 41 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST CRAWFORD, MAUREEN 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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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 01/10/07-80052-007 158.75

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: Earl P. Crawford 1/2/07 941-721-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Office Phone