


2008 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # V37917

1. Entity Name
MEGA FORCE CONSTRUCTION, INC.



Principal Place of Business 11000 N. US HWY 41 PALMETTO, FL 34221 US	Mailing Address 11000 N. US HWY 41 PALMETTO, FL 34221 US
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01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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, Title and Address of the Registered Agent and the Filing Officer) (NO If Registered Agent is not a Florida resident)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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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 01/30/08-80016-018 158.75

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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: MAUREEN CRAWFORD 1/9/08 941-721-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR