

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2006 8:00 am
Secretary of State

05-11-2006 90245 049 ***150.00

DOCUMENT # 634796 1. Entity Name HUSKY CONSTRUCTION, INC.					
Principal Place of Business 125 CORPORATION WAY VENICE FL 34292			Mailing Address 125 CORPORATION WAY VENICE FL 34292		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1929401	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, WARD 125 H CORPORATION WAY 1283 ACADIA RD VENICE FL 34292 34293				7. Name and Address of New Registered Agent Name PATRICIA A. DAVIS Street Address (P.O. Box Number is Not Acceptable) 1283 ACADIA RD City VENICE, FL Zip Code 34293	
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 <i>Patricia A. Davis</i> Vice President & Sec-Treas. Husky Con Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when (re)registered)					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 DAVIS, WARD 1283 ACADIA RD VENICE FL 34293	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, PATRICIA A 1283 ACADIA RD VENICE FL 34293	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Patricia A. Davis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				8-23-06 941-496-9880 Date Daytime Phone	

2006 FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

66023601

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Principal Place of Business 125 CORPORATION WAY VENICE, FL 34292			Mailing Address 125 CORPORATION WAY VENICE, FL 34292		
2. Principal Place of Business 13355 TAMiami TR. S.		3. Mailing Address 13355 TAMiami TR. S.			
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B			
City & State NORTH Port FL		City & State NORTH Port FL			
Zip 34287		Country U.S.		Zip 34287	
Country U.S.		4. FEI Number 59-1929401			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DAVIS, WARD 125 H CORPORATION WAY VENICE, FL-34292			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 13355 TAMiami TR. S. Suite B City NORTH Port FL Zip Code 34287		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DAVIS, PATRICIA A 1283 ACADIA RD VENICE, FL 34293		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)		☐ Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)		☐ Delete		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/16/2006 Daytime Phone # 941-484-8447		