

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90097 004 ***150.00

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03132006 Chg-P CR2E034 (11/05)

DOCUMENT # 322525 1. Entity Name F. M. LINER CONSTRUCTION, INC.					
Principal Place of Business 1927 PASSERO AVE. LUTZ, FL 33559			Mailing Address 1927 PASSERO AVE. LUTZ, FL 33559		
2. Principal Place of Business 24160 S.R. 54 Suite, Apt. #, etc. Unit #1 City & State Lutz, Florida Zip 33559 Country USA		3. Mailing Address 24160 S.R. 54 Suite, Apt. #, etc. Unit #1 City & State Lutz, Florida Zip 33559 Country USA		4. FEI Number 59-1200181	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LINER, F. M. SEE NEW ADDRESS.. 1927 PASSERO AVE. LUTZ, FL 33559			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 24160 S.R. 54 Unit 1 City Lutz FL Zip Code 33559		
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. <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	P LINER, F.M. 1927 PASSERO AVE. LUTZ, FL 33559		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Liner, F.M. 24160 S.R. 54 Unit 1 Lutz, FL 33559	
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	
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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: F. M. LINER 13 MAR 06 813-949-0428 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					