

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 384724

FILED
May 02, 2006
Secretary of State

Entity Name: FRANCESCHINI CONSTRUCTION, INC.

Current Principal Place of Business:

4507 W SOUTH AVE
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 15067
TAMPA, FL 33684

New Mailing Address:

FEI Number: 59-1371042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCESCHINI, COLEN
4507 W. SOUTH AVE.
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRANCESCHINI, COLEN,
Address: 8105 RIVERSHORE DR
City-St-Zip: TAMPA, FL

Title: VPT () Delete
Name: FRANCESCHINI, BRENDA,
Address: 8105 RIVERSHORE DR
City-St-Zip: TAMPA, FL

Title: S () Delete
Name: STEMBRIDGE, DOROTHY R
Address: 4510 DREISLER ST
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change () Addition
Name: STEMBRIDGE, DOROTHY,
Address: 4510 DREISLER ST
City-St-Zip: TAMPA, FL 33614

Title: S (X) Change () Addition
Name: FRANCESCHINI, COLEN,
Address: 8105 RIVERSHORE DRIVE
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLEN FRANCESCHINI

PD

05/02/2006

Electronic Signature of Signing Officer or Director

Date