


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90071 001 \*\*\*158.75

<b>DOCUMENT # 385234</b>	
1. Entity Name <b>VARIETY CONSTRUCTION CO.</b>	

Principal Place of Business <b>VARIETY CONSTRUCTION CO 665 S.E. 10TH ST., STE. 101 DEERFIELD BEACH, FL 33441 US</b>	Mailing Address <b>VARIETY CONSTRUCTION CO 665 S.E. 10TH ST., STE. 101 DEERFIELD BEACH, FL 33441 US</b>
--	--

40072100



2. Principal Place of Business - No P.O. Box # <b>817 de 9 St.</b>	3. Mailing Address <b>PO Box 1091</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04172007 Chg-P CR2E034 (12/06)

City & State <b>Deerfield Beach, FL</b>	City & State <b>Deerfield Beach, FL</b>
Zip <b>33441</b>	Country <b>Broward</b>
Zip <b>33443-1091</b>	Country <b>Broward</b>

4. FEI Number <b>59-1414927</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
--

6. Name and Address of Current Registered Agent <b>ANDERSON, MICHAEL R 817 S.E. 9 ST P.O. BOX 1091 DEERFIELD BEACH, FL 33443-1091</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GORE, ROBERT</b>		NAME <b>Michael Anderson</b>	
STREET ADDRESS <b>P.O. BOX 1091 817 SE 9 ST</b>		STREET ADDRESS <b>P.O. Box 1091 - 817 SE 9 ST</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH, FL 334431091</b>		CITY-ST-ZIP <b>DEERFIELD BEACH, FL 33443-1091</b>	
TITLE <b>PDT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANDERSON, MICHAEL R</b>		NAME	
STREET ADDRESS <b>665 S.E. 10TH ST., STE. 101</b>		STREET ADDRESS	
CITY-ST-ZIP <b>DEERFIELD BEACH, FL 334431091</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Michael Anderson **MICHAEL ANDERSON** 4/16/07 954-829-1655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #