


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90193 032 ***158.75

DOCUMENT # 389713 1. Entity Name KISSIMMEE CONSTRUCTION CORPORATION																																																																																																																													
Principal Place of Business 201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134-5102			Mailing Address 201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134-5102																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		Zip																																																																																																																									
Country		Country		4. FEI Number 59-1362084																																																																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent KERRIGAN, JUANITA I. 201 ALHAMBRA CIR 12TH FLR CORAL GABLES, FL 33134																																																																																																																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> </div> <div> \$5.00 May Be Added to Fees </div> </div>																																																																																																																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">SD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KERRIGAN, JUANITA I.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 ALHAMBRA CIR- 12TH FLR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNS, DAVID F.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 ALHAMBRA CIR- 12TH FLR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GETMAN, DENNIS J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 ALHAMBRA CIR- 12TH FLR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TVD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCAIRY, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 ALHAMBRA CIR- 12TH FLR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	SD	<input type="checkbox"/> Delete	NAME	KERRIGAN, JUANITA I.		STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR		CITY- ST- ZIP	CORAL GABLES, FL 33134		TITLE	V	<input type="checkbox"/> Delete	NAME	JOHNS, DAVID F.		STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR		CITY- ST- ZIP	CORAL GABLES, FL 33134		TITLE	PD	<input type="checkbox"/> Delete	NAME	GETMAN, DENNIS J.		STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR		CITY- ST- ZIP	CORAL GABLES, FL 33134		TITLE	TVD	<input type="checkbox"/> Delete	NAME	MCAIRY, CHARLES		STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR		CITY- ST- ZIP	CORAL GABLES, FL 33134		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete																																																																																																																											
NAME	KERRIGAN, JUANITA I.																																																																																																																												
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR																																																																																																																												
CITY- ST- ZIP	CORAL GABLES, FL 33134																																																																																																																												
TITLE	V	<input type="checkbox"/> Delete																																																																																																																											
NAME	JOHNS, DAVID F.																																																																																																																												
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR																																																																																																																												
CITY- ST- ZIP	CORAL GABLES, FL 33134																																																																																																																												
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																											
NAME	GETMAN, DENNIS J.																																																																																																																												
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR																																																																																																																												
CITY- ST- ZIP	CORAL GABLES, FL 33134																																																																																																																												
TITLE	TVD	<input type="checkbox"/> Delete																																																																																																																											
NAME	MCAIRY, CHARLES																																																																																																																												
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR																																																																																																																												
CITY- ST- ZIP	CORAL GABLES, FL 33134																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY- ST- ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Delete																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY- ST- ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY- ST- ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY- ST- ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY- ST- ZIP																																																																																																																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY- ST- ZIP																																																																																																																													
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: BY: <u>Juanita I. Kerrigan, Secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JUANITA I. KERRIGAN																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div> 4/15/05 (305) 442-7000 <small>Date Daytime Phone #</small> </div> </div>																																																																																																																													