


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90221 019 ***150.00

DOCUMENT # 403089 1. Entity Name CENTRAL CONSTRUCTION CORPORATION					
Principal Place of Business 1431 7TH ST. SOUTHPORT, FL 32409 US			Mailing Address P O BOX 8337 SOUTHPORT, FL 32409-8337		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NEWELL, JESSE A (PO BOX 8337) 1431 7TH ST SOUTHPORT, FL 32409			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL 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 _____					
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	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWELL, KENNETH A		NAME		
STREET ADDRESS	1431 7TH ST		STREET ADDRESS		
CITY-ST-ZIP	SOUTHPORT, FL 32409		CITY-ST-ZIP		
TITLE	DS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWELL, KATHRYN		NAME		
STREET ADDRESS	1431 7TH STREET, P.O. BOX 8337		STREET ADDRESS		
CITY-ST-ZIP	SOUTHPORT, FL		CITY-ST-ZIP		
TITLE	V		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWELL, JESSE R		NAME		
STREET ADDRESS	1431 7TH ST		STREET ADDRESS		
CITY-ST-ZIP	SOUTHPORT, FL 32409		CITY-ST-ZIP		
TITLE	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWELL, JESSE A		NAME		
STREET ADDRESS	1431 7TH ST		STREET ADDRESS		
CITY-ST-ZIP	SOUTHPORT, FL 32409		CITY-ST-ZIP		
TITLE	V		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATA, ROBERT B		NAME		
STREET ADDRESS	1147 4TH CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SOUTHPORT, FL 32409		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:

Jessie Newell D/S 4/14/06