

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 476215 1. Entity Name BAMCO CONSTRUCTION, INC.					
Principal Place of Business 4640 LOTUS WAY BOYNTON BEACH FL 33436			Mailing Address P.O. BOX 250 BOYNTON BEACH FL 33425-0250		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1603011	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCOLMAN, WILLIAM E 4640 LOTUS WAY BOYNTON BEACH FL 33436				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				Applied For Not Applicable	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable				DATE _____ (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing ☐ \$5.00 May Added to Fees Trust Fund Contribution	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP MCCOLMAN WILLIAM E. 4640 LOTUS WAY BOYNTON BEACH FL 33436			☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCOLMAN WILLIAM E. 4640 LOTUS WAY BOYNTON BEACH FL			☐ Delete	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William E. McColman* **William E. McColman Pres. Sec** *1/28/06* **561-732-2978**