2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00
Secretary of State

DOCUMENT # 609004

Name
ALL CONSTRUCTION OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
434 FL 32779	2933 W SR 434 STE 101 LONGWOOD, FL 32779

2. Principal Place of Business	3. Mailing Address
etc.	Suite, Apt. #, etc.
	City & State
Country	Zip / Country

04242006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1884353 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JR. 4 FL 32779	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. d 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 registered agent.

9. Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

WIL FEE IS $150.00
2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITL NAM STRE CITY	☐ Delete ALL, H. J. JR. W SR 434, STE 101 GWOOD, FL 32779	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREE CITY-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000546254 05/11/06-80109-014 150.00
TITLE NAME STREE CITY-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREE CITY-S	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET CITY-S	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET CITY-ST	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information in 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 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.

SIG

H J Ball Jr. 4-25-06 407-774-0303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #