


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90193 037 \*\*\*158.75

<b>DOCUMENT # 680396</b> 1. Entity Name FLORIDA CONSTRUCTION CONSULTANTS, INC.	
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Principal Place of Business 8041 BLIND PASS ROAD SAINT PETERSBURG BEACH, FL 33706 US	Mailing Address P.O. BOX 67184 ST. PETERSBURG, FL 33736 US
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2. Principal Place of Business - No P.O. Box # 6967 Grande Vista Way Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State So Pasadena FL	City & State
Zip 33707	Country USA



04132007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2028895	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, EDWARD J JR 8041 BLIND PASS ROAD ST. PETERSBURG BEACH, FL 33706	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6967 Grande Vista Way City So Pasadena FL Zip Code 33707	

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 Edward J. Foster, Jr. PD DATE 4-20-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSTER, EDWARD J., JR. 6967 GRANDE VISTA WAY SAINT PETERSBURG, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOSTER, CHRIS A. 6967 GRANDE VISTA WAY SAINT PETERSBURG, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Edward J. Foster, Jr. DATE 4-20-07 DAYTIME PHONE # 727-480-2726  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR