

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 JUN -1 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSK



05162006 Chg-P CR2E034 (11/05)

DOCUMENT # F91268 1. Entity Name CONTINENTAL STRUCTURES, INC.					
* Principal Place of Business 3340 SCHERER DR. ST. PETERSBURG, FL 33716			Mailing Address 3340 SCHERER DR. ST. PETERSBURG, FL 33716		
2. Principal Place of Business <i>3340 SCHERER Drive</i>		3. Mailing Address <i>3340 Scherer Dr.</i>			
Suite, Apt. #, etc. <i>S</i>		Suite, Apt. #, etc.			
City & State <i>St. Petersburg FL</i>		City & State <i>St. Petersburg FL</i>		4. FEI Number 59-2218099	
Zip <i>33716</i>		Country <i>Pinellas</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GEHRAND, WILLIAM A. 3340 SCHERER DRIVE ST. PETERSBURG, FL 33716			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) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	VD HOUK, FLORENCE S. 3340 SCHERER DRIVE ST. PETERSBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEHRAND, WILLIAM A. 3340 SCHERER DRIVE ST. PETERSBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GEHRAND, GERALD 3340 SCHERER DRIVE ST. PETERSBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 another life empowered.			600076251006 06/16/06--01012--004 **150.00		
SIGNATURE <i>William A. Gehrand</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			WILLIAM A. GEHRAND 5/29/06 727-572-2088 <small>Date Daytime Phone #</small>		