## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 27, 2005 08:00 AM DOCUMENT # G79875 Secretary of State ្ស៊ីEntity Name FELNER CONSTRUCTION INDUSTRIES, INC. Principal Place of Business Mailing Address 6235 FLORIDIAN CIRCLE 6235 FLORIDIAN CIRCLE LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 01232005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2639340 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FELNER, JEFFREY S DO NOT WRITE 6235 FLORIDIAN CIRCLE LAKE WORTH, FL 33463 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TELLE NAME FELNER, JEFFREY S U00000197713 01/27/05-80022-009 150.00 STREET ADDRESS 6235 FLORIDIAN CIRCLE CITY-ST-ZIP LAKE WORTH, FL 33463 TITLE NAME FELNER, CAROL STREET ADDRESS 6235 FLORIDIAN CIRCLE CITY-ST-ZIP LAKE WORTH, FL 33463 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

TYPED ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date