


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # G79875</b>                                      |  |
| <b>1. Entity Name</b><br>FELNER CONSTRUCTION INDUSTRIES, INC. |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>6235 FLORIDIAN CIRCLE<br>LAKE WORTH, FL 33463 | <b>Mailing Address</b><br>6235 FLORIDIAN CIRCLE<br>LAKE WORTH, FL 33463 |
|---|---|



01112006 No Chg-P CR2E034 (11/05)

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|  |   |
|--|---|
| <b>4. FEI Number</b><br>59-2639340   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>FELNER, JEFFREY S<br>6235 FLORIDIAN CIRCLE<br>LAKE WORTH, FL 33463 |
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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 retreating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

000000386336  
01/18/06-80056-003 150.00

| 10. OFFICERS AND DIRECTORS                                |  |
|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>FELNER, JEFFREY S<br>6235 FLORIDIAN CIRCLE<br>LAKE WORTH, FL 33463 |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SD<br>FELNER, CAROL<br>6235 FLORIDIAN CIRCLE<br>LAKE WORTH, FL 33463     |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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**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 changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **Jeffrey S. Felner** 1/16/06 56144125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #