

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G92571

FILED  
Mar 26, 2006  
Secretary of State

Entity Name: CONSTRUCTION JUNCTION, INCORPORATED

## Current Principal Place of Business:

252 NE , 545TH AVE.  
OLD TOWN, FL 32680 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 607  
OLD TOWN, FL 32680 US

## New Mailing Address:

FEI Number: 59-2391600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MACLEOD, KIM  
252 NE , 545TH AVE.  
OLD TOWN, FL 32680 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MACLEOD, KIM,  
Address: PO BOX 607  
City-St-Zip: OLD TOWN, FL 32680

Title: V ( ) Delete  
Name: MACLEOD, DONALD,  
Address: PO BOX 607  
City-St-Zip: OLD TOWN, FL 32680

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MACLEOD, KIM,  
Address: PO BOX 607  
City-St-Zip: OLD TOWN, FL 32680

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: THE HOLY GROUND FAMI, LY LIMITED PAR T NERSHIP  
Address: PO BOX 607  
City-St-Zip: OLD TOWN, FL 32680

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM MACLEOD

P

03/26/2006

Electronic Signature of Signing Officer or Director

Date