2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2006 08:00 AM DOCUMENT # H11909 Secretary of State 1. Entity Name FRECH CONSTRUCTION, INC. Mailing Address Principal Place of Business P. O. BOX 485 GULF BREEZE FL 32562 US 1809 NATURES WAY GULF BREEZE FL 32563 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-2437459 Not Applicable Zia Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRECH, JACOB PRES 1809 NATURES WAY Street Address (P.O. Box Number is Not Acceptable) **GULF BREEZE FL 32563** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agen Tresident SIGNATURE (NOTE Registered Agent signature required when constabing) FILE NOW! FEE IS \$150.00 9. Election Campaign Financing \$5,00 May So After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. BILE TITLE PΩ ☐ Delete Masae FRECH, JACOB PRES NAME U00000451006 STREET ADDRESS 1809 NATURES WAY STREET ADDRESS 03/(0/06-80031-001 155.00 CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE FL 32563 Auroni Change ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS ENTY -ST-ZIP CHY-ST-719 Deteto TITLE Change 13715 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZHE ☐ Defete Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Adding TITLE Defete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-57-ZIP ☐ Ait. THE Delete HILE Change | NAME MAME STREET AUDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this liling does not qualify for the exemptions contained in Section 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 direction that 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph A treat

President

1-21-06

850 449-1777

FILED