## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2008 08:00 AN Secretary of State

AMMORE REPORT			
DOCUMENT # H33723  1. Entity Name JOE KANE CONSTRUCTION COMPANY			
Principal Place of Business		Mailing Address	
39 PALMETTO DR CRAWFORDVILLE, FL 32327	US	P. O. BOX 10188 Tallahassee, FL 32302	US

## 01152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2476139 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KANE, JOSEPH M. DO NOT WRITE 39 PALMETTO DR CRAWFORDVILLE, FL 32327 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registered) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees SHE HE GOLLE 10. OFFICERS AND DIRECTORS TITLE KANE, JOSEPH M. NAME STREET ADDRESS 39 PALMETTO DR CITY-ST-ZIP CRAWFORDVILLE, FL 32327 U000000857488 TITLE 04/01/08-80006-009 150.00 NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 all other like empowered.

**SIGNATURE:** 

NATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH M. KANE

3)13/08

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