

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H40705

FILED
Mar 20, 2006
Secretary of State

Entity Name: VOLUSIA REPAIRS AND CONSTRUCTION, INC.

Current Principal Place of Business:

545 VIRGINIA AVE.
PORT ORANGE, FL 32127

New Principal Place of Business:

545 VIRGINIA AVE.
PORT ORANGE, FL 32127

Current Mailing Address:

545 VIRGINIA AVE.
PORT ORANGE, FL 32127

New Mailing Address:

545 VIRGINIA AVE.
PORT ORANGE, FL 32127

FEI Number: 59-2544029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALASTRA, ANTHONY J.
545 VIRGINIA AVE.
PORT ORANGE, FL 32127 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: P () Delete
Name: ALASTRA, ANTHONY J.,
Address: 545 VIRGINIA AVE.
City-St-Zip: PORT ORANGE, FL 32127

Title: V () Delete
Name: GROUETTE, DONALD,
Address: 545 VIRGINIA AVE.
City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete
Name: ALASTRA, PETER
Address: 545 VIRGINIA AVE.
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANTHONY J. ALASTRA

PST

03/20/2006

Electronic Signature of Signing Officer or Director

Date