2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2005 08:00 AM Secretary of State

1. Entity Na	JMENT # H43394 ONSTRUCTION, INC.				Secr	etary o	of State
Principal Pla 1922 FIELD SARASOTA,		Maifing Address P.O. BOX 21444 SARASOTA, FL 34276					
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	JO NO! WHILE	IN I IIIS SPAI	/ E	4. FEI Number 59-2552			Applied For Not Applicable
l					of Status Desired		5 Additional equired
ļ	5. Name and Address of Current Reg	istered Agent	r = 4n	<u> </u>	*** * * * * * * * * * * * * * * * *	1 181 1. 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
WEBER, CHARLES J. 1922 FIELD RD SARASOTA, FL 34231			- az jr		NOT W		. '
	THE CHAOT			IN T	HIS SP	ACE	
8. The above the obliga	e named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or register	ed agent, or both	, in the State of Flor	ida. Lam familia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and it	le if applicable (NOTE: Registere	Agent signature regulred	when reinstaling)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				00 May Be ed to Fees			
10.	OFFICERS AND DIR	CTORS	m	**************************************	TELEVISION SERVI	3 4 3 1 And 1 12	Commence of the second
TITLE NAME	PSTD WEBER, CHARLES J.						
STREET ADDRESS CITY-ST-ZIP	1922 FIELD ROAD SARASOTA, FL			. (10000002 13/05/05-8	52169 0016-009	150.00
TITLE		· ·	11 A. S.	No.	errorage to see -		en la en gly de La company
NAME STREET ADDRESS CITY-ST-ZIP							= =
TITLE				,==* · · · · · · · · · · · · · · · · · ·	State of the state		rang file

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 2

STREET ADDRESS

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SIGNATURE AND TYPED OR HANGED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-3-05 X941-320-2476

DO NOT WRITE

IN THIS SPACE