


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90030 022 ***150.00

DOCUMENT #: H60417	
1. Entity Name STORN CONSTRUCTION CO., INC.	

Principal Place of Business 1373 BEACH AVE. ATLANTIC BEACH FL 32233	Mailing Address 1373 BEACH AVE. ATLANTIC BEACH FL 32233
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2. Principal Place of Business 90 NAUGATUCK DRIVE Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 330627 Suite, Apt. #, etc.
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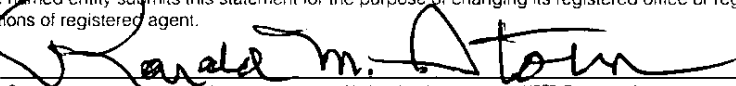
1st MOORE CR2E034 (10/05)

City & State JACKSONVILLE FL	City & State ATLANTIC BEACH FL
Zip 32225	Zip 32233-0627
Country USA	Country USA

4. FEI Number 59-2779849	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STORN, RONALD M 1373 BEACH AVE. ATLANTIC BEACH FL 32233	7. Name and Address of New Registered Agent Name: RONALD M. STORN Street Address (P.O. Box Number is Not Acceptable): 90 NAUGATUCK DRIVE City: JACKSONVILLE FL Zip Code: 32225
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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.

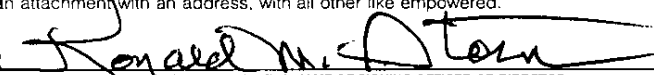
SIGNATURE:  DATE: 2/10/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STORN, RONALD M 1373 BEACH AVE. 90 NAUGATUCK DRIVE ATLANTIC BEACH FL 32233 JACKSONVILLE FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 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:  DATE: 2/10/06 DAYTIME PHONE #: 904 247 3358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR