2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 08:00 A Secretary of State

ANNUAL REPORT				Secretary of S		
DOCUMENT # J23759 1. Entity Name						Secretary of S
CONSTR	EUCTION PLUS, INC.					
9077 LONGLAKE AVE 9077 LONGL		Mailing Address 9077 LONGLAKE AVE WEEKI WACHEE, FL 34613	US			
	·					
				03162007	No Chg-P	CR2E034 (11/05)
	O NOT WRITE	CE	4. FEI Numbe 59-295		Applied For Not Applicable	
	6. Name and Address of Current Re	gistered Agent	т	5. Certificate	of Status Desired	\$8.75 Additional Fee Required
CACLAM		gistered Agent	-			
SASLAW, GERLAD E 9077 LONG LK AVE WEEKI WACHEE, FL 34613					NOT W THIS SP	
				114 1	TIIO OF	AOL
8. The above the obligat	e named entity submits this statement for the total consistence agent.	ne purpose of changing its registe	red office or register	red agent, or bot	h, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Register	ed Agent signature required	when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			incing \$5 .	.00 May Be ed to Fees		
10. OFFICERS AND DIRECTORS						,
TIBLE	PD CARLAN CERALDE					
NAME STREET ADDRESS	SASLAW, GERALD E 9077 LONG LAKE AVE					
CITY-ST-ZIP .	WEEKI WACHEE, FL 34613					
TITLE						
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NAME			I			
STREET ADDRESS CITY-ST-ZIP		•				
TITLE			1 .			
NAME 1.		9. 1. 1. 1. 1.				
STREET ADDRESS CITY_ST-ZIP	, ,	1 3 p. 1 - 14 p. 2	· [· · · · · · · · · · · · · · · · · ·		LITTOT	000717608
TITLE NAME	- Grant Control of the Control of th					07-80054-016.150.00
STREET ADDRESS	40		1			

12. I hereby 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: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

aprif 17, 2007

Daytime Phone #

352-279-8339