2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 08:00 AN Secretary of State

AIIIIOAE ILEI OIII							
DOCUMENT # J23759 1. Entity Name CONSTRUCTION PLUS, INC.							
Principal Place of Business 9077 LONGLAKE AVE WEEKI WACHEE, FL 34613	Mailing Address 9077 LONGLAKE AVE WEEKI WACHEE, FL 34613	US					

WEEKI WACHEE, FL 34613 US			 1	IK oro ikkii k oor e biilo (bii	RADIO DIDII AIDIE DIBAI BADI	1 B1811884 (88)		
DO NOT WRITE IN THIS SPACE		04222008	No Chg-P	CR2E034 (11/0				
		FEI Number 59-2951 Certificate of		\$8.75 Fee Requ	Not Applicable Additional			
	6. Name and Address of Current Regis	tered Agent		l				
SASLAW, GERLAD E 9077 LONG LK AVE WEEKI WACHEE, FL 34613				DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or register	ed agent, or both	i, in the State of Flo	rida. I am familiar w	ith, and accept	
JIGNATORICE	Signature, typed or printed name of registered agent and life	Lapplicable (NOTE Registered	Agent signature required	when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		00 May Be ed to Fees				
10.	OFFICERS AND DIREC	CTORS		, ,		. `		
TITLE NAME	PD SASLAW. GERALD E							
STREET ADDRESS CITY-ST-ZIP	9077 LONG LAKE AVE WEEKI WACHEE, FL 34613		U00000945179 05/29/08-80128-024 150.00					
TITLE NAME STRLET ADDRESS CITY-ST-ZIP	WEEK WASHEE, I'E STOTS				05/29/0	8-80128-024	1 150.00	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CHY+ST+ZIP				IN T	'HIS SP	ACE		
TITLE NAME STREET ADDRESS CITY+ST+ZIP								
NAME STREET ADDRESS CITY-ST-ZIP			1760g 640	. •-	1	. * . .		

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: X

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

x 4/30/2008