

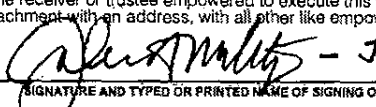


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # J64835																																																		
1. Entity Name MCINTYRE ELWELL & STRAMMER GENERAL CONTRACTORS, INC.																																																		
Principal Place of Business C/O JOHN A MCINTYRE 1645 BARBER ROAD SARASOTA, FL 34240 US	Mailing Address C/O JOHN A MCINTYRE 1645 BARBER ROAD SARASOTA, FL 34240 US	 01062006 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 59-2797056</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 59-2797056	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																													
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DO NOT WRITE IN THIS SPACE																																																		
6. Name and Address of Current Registered Agent MCINTYRE, JOHN A. 1645 BARBER RD SARASOTA, FL 34240		DO NOT WRITE IN THIS SPACE																																																
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____																																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>MCINTYRE, JOHN A.</td></tr><tr><td>STREET ADDRESS</td><td>1645 BARBER ROAD</td></tr><tr><td>CITY - ST - ZIP</td><td>SARASOTA, FL</td></tr><tr><td>TITLE</td><td>V</td></tr><tr><td>NAME</td><td>ELWELL, GREGORY C.</td></tr><tr><td>STREET ADDRESS</td><td>1645 BARBER RD</td></tr><tr><td>CITY - ST - ZIP</td><td>SARASOTA, FL</td></tr><tr><td>TITLE</td><td>S</td></tr><tr><td>NAME</td><td>STRAMMER, FRED</td></tr><tr><td>STREET ADDRESS</td><td>1645 BARBER RD</td></tr><tr><td>CITY - ST - ZIP</td><td>SARASOTA, FL</td></tr><tr><td>TITLE</td><td>T</td></tr><tr><td>NAME</td><td>EARNEST, TINA</td></tr><tr><td>STREET ADDRESS</td><td>1645 BARBER RD</td></tr><tr><td>CITY - ST - ZIP</td><td>SARASOTA, FL</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	P	NAME	MCINTYRE, JOHN A.	STREET ADDRESS	1645 BARBER ROAD	CITY - ST - ZIP	SARASOTA, FL	TITLE	V	NAME	ELWELL, GREGORY C.	STREET ADDRESS	1645 BARBER RD	CITY - ST - ZIP	SARASOTA, FL	TITLE	S	NAME	STRAMMER, FRED	STREET ADDRESS	1645 BARBER RD	CITY - ST - ZIP	SARASOTA, FL	TITLE	T	NAME	EARNEST, TINA	STREET ADDRESS	1645 BARBER RD	CITY - ST - ZIP	SARASOTA, FL	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE 000000427060 02/20/06-80068-010 150.00
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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:  - JOHN A. MCINTYRE / PRESIDENT 02/06/06 (941) 377-6100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																		