


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # J64835 1. Entity Name MCINTYRE ELWELL & STRAMMER GENERAL CONTRACTORS, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2797056	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCINTYRE, JOHN A. 1645 BARBER RD SARASOTA, FL 34240
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**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 reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCINTYRE, JOHN A. 1645 BARBER ROAD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELWELL, GREGORY C. 1645 BARBER RD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRAMMER, FRED 1645 BARBER RD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EARNST, TINA 1645 BARBER RD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/05/07-80049-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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: <u>John A. McIntyre</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>JOHN A. MCINTYRE</u> - PRESIDENT 01/25/07 (941) 377-6800 <small>Date Daytime Phone #</small>