## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 30, 2006 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	DOCUMENT # J87131  1. Entity Name MESZAROS CONSTRUCTION CO., INC.					;	01-30-200	06 90039	050 ***1	58.75
Suite, Apt. 4, etc.  City & State  City & State Desired  Respected Agent  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entity autoritis this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or the obligations, or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Florida. I am familiar with, and acceptable or registered agent, or both, in the State of Flor	17301 MINN	IE PLACE	17301 MINNIE PLACE			1 10 22 11 2 2 2 2 1	()))   FBB)      FB   1    1    1	. B(2)( G1B() 8(F	i sien eizk 2101	PB( 1) (3 P)
City & State  A FEI Name  Special Register of Special Sp	Principal Place of Business     3. Mailing Address									
Zip Country Zip Country Sip Country Sip Country Signature and Address of Current Registered Agent Sines Address of New Registered Agent 7. Name and Address of New Registered Agent Fee Required Fee Required Fee Required Agent Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  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 lamiliar with, and acceptable of the obligations of orgatiered agent.  Signature Suprement Agent septiment Agent se	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01182006	Chg-P	CR2E0	34 (11/05)	
Size   Country   Size	City & State		City & State				446			
MESZAROS, FRANK, JR. 17301 MINNIE PLACE LUTZ, FL 33549  8. The above named entity submits this statement for the purpose of channing its registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accident the obligations of registered agent.  SIGNATURE  Signature, types or printed name of registered agent and the choligations, of registered agent and the state of Florida. I am lamiliar with, and accident the obligations, of registered agent and the state of Florida. I am lamiliar with, and accident the obligations, of registered agent, or both, in the State of Florida. I am lamiliar with, and accident the obligations, of registered agent, or both, in the State of Florida. I am lamiliar with, and accident the obligations, of registered agent, or both, in the State of Florida. I am lamiliar with, and accident the obligations, of registered agent, or both, in the State of Florida. I am lamiliar with, and accident the obligations, or both, in the State of Florida. I am lamiliar with, and accident the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accident the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accident the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accident the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accident the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accident the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accident the obligations of registered agent, or both, in the State of Florida.    City Florida	Zip	Country	Country Zip Cou			5 Certificate of Status Desired 🙀 \$8.75 Additional				tional
SITER ADDRESS (P.O. Box Number is Not Acceptable)    City		6. Name and Address of Current	Registered Agent	1		7. Name and A	ddress of New R	egistered /	\gent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations, of registered agent.  SIGNATURE  Signature, typed or proted name of registered agent and list.  Signature, typed or proted name of registered agent and list.  Signature, typed or proted name of registered agent and list.  Signature, typed or proted name of registered agent and list.  Signature, typed or proted name of registered agent and list.  Signature, typed or proted name of registered agent and list.  Signature, typed or proted name of registered agent and list.  Signature, typed or proted name of registered agent and list.  Signature, typed or proted name of registered agent.  Signature typed or proted name of registered agent.  Signature typed or proted name of registered agent.  Signature typed or proted name o	MESZAROS, FRANK, JR. 17301 MINNIE PLACE				Name					
SIGNATURE Signature, typed or printed name of registered agent and bits After May 1, 2006 Fee will be \$550.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE P MESZAROS, FRANK JR. SIREET ADDRESS CITY-ST-2P  ULUTZ, FL  UTILE SIREET ADDRESS 17301 MINNIE PLACE ULUTZ, FL  UTILE NAME SIREET ADDRESS CITY-ST-2P  ULUTZ, FL  ULUT				Ci	ly	FL Zip Code				
Signature, hipsel or provided rapred appert and bit   Somewhat   NOTE, Registered Agent supporture required when remission   DATE			or the purpose of changing its	registered of	lice or registe	red agent, or both	, in the State of Flo	orida. I am	lamiliar with,	and accept
After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITTLE PMESZAROS, FRANK JR. SIREET ADDRESS CITY-S1-ZIP MESZAROS, FRANK JR. SIREET ADDRESS CITY-S1-ZIP MESZAROS, DONNA CLAIRE SIREET ADDRESS CITY-S1-ZIP MESZAROS, DONNA CLAIRE SIREET ADDRESS CITY-S1-ZIP MESZAROS, DONNA CLAIRE SIREET ADDRESS CITY-S1-ZIP MESZAROS, FRANK JOSEPH SIREET ADDRESS CITY-S1-ZIP MESZAROS, DONNA CLAIRE SIREET ADDRESS CITY-S1-ZIP MAME MAME MAME MAME MAME MAME MAME MAM	SIGNATURE_	Signature, typed or printed name of registered agent	and lith appropriate. (NOT	E: Registered Age	ni signature require	d when reinstating)		DATE		
TITLE   P					55 □ Add	i.00 May Be ded to Fees				
NAME SIREEF ADDRESS CITY-ST-ZIP LUTZ, FL  IITLE SAMESZAROS, DONNA CLAIRE SIREET ADDRESS CITY-ST-ZIP LUTZ, FL  IITLE NAME MESZAROS, DONNA CLAIRE SIREET ADDRESS CITY-ST-ZIP LUTZ, FL  IITLE NAME MESZAROS, DONNA CLAIRE SIREET ADDRESS CITY-ST-ZIP LUTZ, FL  IITLE NAME MESZAROS, DONNA CLAIRE SIREET ADDRESS CITY-ST-ZIP  IITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP  IITLE NAME NAME NAME NAME NAME NAME NAME NAM	10.	OFFICERS AND	DIRECTORS	11.			HANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
NAME SIREET ADDRESS CITY-ST-ZIP LUTZ, FL  ITILE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME  Add  Change Add  Add  Change Add  Add  Change Add  Add  Add  Change Add  Add  Add  Change Add  Add  Add  Change Add  Add  Change Add  Change Add  NAME	name Street adoress	MESZAROS, FRANK JR. 17301 MINNIE PLACE	☐ Delete	name Street ad	DRESS	Mesza	iros, Fran	k Jr.	<b>⊠</b> Change	Addition
NAME MESZAROS, FRANK JOSEPH SIREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS, FL  CITY-ST-ZIP  Delete  IIILE NAME SIREET ADDRESS CITY-ST-ZIP  CHANGE  Delete  IIILE NAME SIREET ADDRESS CITY-ST-ZIP  IIILE Delete  IIILE NAME SIREET ADDRESS CITY-ST-ZIP  IIILE NAME  Delete  IIILE NAME  Add NAME  Add NAME	NAME STREET ADDRESS	MESZAROS, DONNA CLAIRE 17301 MINNIE PŁACE	☐ Delete	NAME Street ad	DRESS SA	320005	, Donna Q	laire	Change	☐ Addition
NAME SIREEF ADDRESS CITY-ST-ZIP  TILE Delete TITLE NAME  NAME  NAME  NAME  NAME  NAME  NAME	NAME STREET ADDRESS	MESZAROS, FRANK JOSEPH 13450 10TH STREET	Detete	name Street ad	- 1				☐ Change	Addition
NAME NAME	NAME STREET ADORESS	·	☐ Deiele	name Street ad	- 1				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADORESS		☐ Delete	NAME STREET AL	ŀ				☐ Change	Addilion
ITILE  NAME  SIREET ADDRESS  CITY-ST-ZIP  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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information	NAME STREET ADDRESS		☐ Delete	NAME	IORESS				Change	Addition

12. Thereby certify that the information supplied with this filling does not quality 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.

Changed, or on an attachment with an acoresa, with an other like empowered.		
SIGNATURE: DONNE MOSSAGO DONNA MESZA	ros Jan, 24, 2006	(813)949-2275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #