

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90412 022 ***163.75

DOCUMENT # K68499	
1. Entity Name A. AARON DALE RESIDENTIAL AND CASUALTY CONSTRUCTION, INC.	

DO NOT WRITE IN THIS SPACE

40076305

CR2E034B (8/05)

2. Principal Place of Business 16218 RAMBLING VINE DR. W.	3. Mailing Address 16218 RAMBLING VINE DR. W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA, FL.	City & State TAMPA, FL.
Zip 33624	Zip 33624
Country U.S.A.	Country U.S.A.

4. FEI Number 59-2958419	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name RAYMOND G. DALCHERONE	
Street Address (P.O. Box Number is Not Acceptable) 16218 RAMBLING VINE DR. W.	
City TAMPA	State FL
Zip Code 33624	

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 RAYMOND G. DALCHERONE, PRES.	DATE 4/26/06
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January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	TITLE
NAME RAYMOND G. DALCHERONE	NAME
STREET ADDRESS 16218 RAMBLING VINE DR. W.	STREET ADDRESS
CITY-ST-ZIP TAMPA, FL. 33624	CITY-ST-ZIP
TITLE VICE - PRESIDENT	TITLE
NAME CHRISTOPHER K. DALCHERONE	NAME
STREET ADDRESS 12349 WASATCH COURT	STREET ADDRESS
CITY-ST-ZIP NEW PORT RICHEY, FL. 34654	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
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CITY-ST-ZIP	CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like information.

SIGNATURE: RAYMOND G. DALCHERONE, Pres.	DATE: 4/26/06	DAYTIME PHONE: (813) 908-0874
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