## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L31802

II. Entity Name CENTRUM CONSTRUCTION CORPORATION



Principal Place of Business

8033 S.E. DOUBLE TREE DRIVE HOBE SOUND, FL 33455

Mailing Address

8033 S.E. DOUBLE TREE DRIVE HOBE SOUND, FL 33455

## **FILED** Apr 10, 2006 08:00 AM Secretary of State



03062006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0207518

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

LOUD, WILLIAM G 8033 S.E. DOUBLE TREE DRIVE HOBE SOUND, FL 33455

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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 Signature, typed or printed nerve of registered agent and title If applicable. (NOTE: Registered Agent algorithm reducted when reinstating)					DATE
	E NOWIII FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		<u> </u>	1
TITLE MAME STREET ADDRESS CITY-ST-EP	D LOUD, WILLIAM G. 8033 SE DOUBLE TREE DR. HOBE SOUND, FL 33455				
TITLE NAME STREET AUDINESS CITY-ST-ZIP	D O'CONNOR LOUD, JANICE 8033 SE DOUBLE TREE DR HOBE SOUND, FL 33455				U00000499238 04/24/06-80022-004 150.00
TITLE NAME STREET AUGRESS CITY-ST-ZIP	_			DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN 7	HIS SPACE
NITLE NAME STREET ADDRESS CITY-ST-ZIP					1
TITLE NAME STREET 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 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 Black 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					

WILLIAM G. LOOD