2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2006 08:00 AM Secretary of State

1. Entity Nam	MENT # L36457 CONSTRUCTION, INC.				or state	
Principal Plac % WILLIAM T 2178 CHASE NICEVILLE, F	. GASKELL, IR Dr	Mailing Address 2178 CHASE DR. NICEVILLE, FL 32578 US	-			
01172008 No Chg-P CR2E034 (11/05)						
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number 59-2982455	Applied For Not Applicable	
				5. Certificate of Status Desired	S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GASKELL, WILLIAM T., JR.				DO NOT V	VPITE	
2178 CHASE DR. NICEVILLE, FL 32578			The second secon	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. Signature, typed or printed reme of registered agent and title if applicable. (INOTE. Registered Agent signature required when relistating).						
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	S. Election Campaign Fin. Trust Fund Contribution		.00 May Be ed to Fees		
10.	OFFICERS AND E	DIRECTORS				
TITLE NAME STREET AODRESS	P GASKELL, WILLIAM T JR. 2173 CHASE DR.	·· · · · · · · · · · · · · · · · · · ·	American Company of the Company of t			
CITY-ST-DP	NICEVILLE, FL		្តាំ ។ នៅក្រុម ។ នៅក្រុម ។ ឯកសម្រាស់ មានស្វែក ។ នាំ ១០ នេះស្វេក្សា		0400486	
NAME STREET ADDRESS			To the second se	Name and the second of the sec	-80113-124 191.0	
TITLE			or of the first			
NAME STREET ADDRESS CITY-ST-ZIP			ر در الاستان المستان ا المستان المستان	DO NOT V	VRITE.	
TITLE NAME STREET ADDRESS			112.5	IN THIS S	VRITE PACE	
CITY-ST-ZIP					Ta Leading	
TITLE NAME STREET ADDRESS			المراقع المراق المراقع المراقع المراق	A CONTRACTOR OF THE PROPERTY O		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				and the second second	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			See Just the manufacture of		I further certify that the information	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, w	true and accurate and that my sign wered to execute this report as req	sture shall have the	same lenal effect as if made unde	er path: that I am an officer or director	

1-23-06

Daytime Phone #