



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90203 005 \*\*\*158.75

<b>DOCUMENT # L40406</b> 1. Entity Name <b>VOELLER CONSTRUCTION, INC.</b>					
Principal Place of Business <b>3607 ALTERNATE 19 SUITE A PALM HARBOR, FL 34683 US</b>			Mailing Address <b>3607 ALTERNATE 19 SUITE A PALM HARBOR, FL 34683 US</b>		
2. Principal Place of Business <b>4490 Alternate 19 Suite 101</b>		3. Mailing Address <b>4490 Alternate 19 Suite 101</b>			
City & State <b>Palm Harbor FL</b>		City & State <b>Palm Harbor FL</b>		04222005 Chg-P CR2E034 (10/03)	
Zip <b>34683</b>		Country <b>USA</b>		4. FEI Number <b>59-2979298</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>VOELLER, WILLIAM J 3607 ALTERNATE 19 SUITE A PALM HARBOR, FL 34683</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4490 Alternate 19 Suite 101</b> City <b>Palm Harbor</b> <b>FL</b> <b>34683</b>		
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 <b>William J. Voeller, President/Treasurer</b>				DATE <b>4/21/05</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VOELLER, WILLIAM 3607 ALTERNATE 19, SUITE A PALM HARBOR, FL 34683	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, RODNEY S 3607 ALTERNATE 19, SUITE A PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOMERFIELD, SEAN S 1871 SPRINGWOOD CIR. NORTH CLEARWATER, FL 33763	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 4490 Alternate 19, Suite 101 Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 4490 Alternate 19, Suite 101 Palm Harbor, FL 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 4490 Alternate 19, Suite 101 Palm Harbor, FL 34683	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 4490 Alternate 19, Suite 101 Palm Harbor, FL 34683	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>William J. Voeller</b>				DATE: <b>4/21/05 (727) 785-9198</b>	