


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L92441
 1. Entity Name
FUTURISTIC CONSTRUCTION, INC.



Principal Place of Business Mailing Address
110 W. OAK ST **110 W. OAK ST**
ARCADIA, FL 34266 US **ARCADIA, FL 34266 US**

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0210504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAUL, TIMOTHY L
10230 SW CR 769
ARCADIA, FL 34266

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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: *Tim Paul* Tim Paul 1-4-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAUL, TIMOTHY L 10230 SW CR 769 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATSON, JOHN O JR 10230 SW CR 769 ARCADIA, FL 34268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAUL AVA A 10230 SW CR 769 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATSON, GAYLE 10230 SW CR 769 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/25/05-80027-003 150.00

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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)(f), 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: *Tim Paul* Tim Paul 1-4-05 8639921376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #