


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # L92441 1. Entity Name FUTURISTIC CONSTRUCTION, INC.	
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Principal Place of Business 110 W. OAK ST ARCADIA, FL 34266 US	Mailing Address 110 W. OAK ST ARCADIA, FL 34266 US
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0210504	Applied For <input type="checkbox"/> 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**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000798871
01/30/08-80046-005 150.00

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 34266
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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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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Paul* **1-23-08** **993-1376**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #