## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 20, 2006 8:00 am Secretary of State DOCUMENT # M66471 1. Entity Name 04-20-2006 90201 034 \*\*\*150.00 CENTER STATE CONSTRUCTION, INC. Principal Place of Business Mailing Address 3261 SE 31ST ST. 3261 SE 31ST ST. OCALA, FL 34471 OCALA, FL 34471 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-2865592 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Deborah A KL KLUGGER, JAMES M Street Address (P.O. Box Number is Not Acceptable) 3261 SE. 31ST ST. OCALA, FL 34471 3261 SE 31St ST 子をなって OCATA 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE TITLE Klugger, Deborah A. 3261 SE 31St ST KLUGGER, JAMES M. NAME NAME STREET ADDRESS 3261 SW 31ST ST. STREET ADDRESS CITY-ST-ZIF OCALA, FL CITY-ST-27F OCALA FL 34471 **VTS** V, T, S . Change TITLE Delete TITI F ☐ Addition Joshua Klugger 3261 SE 31St ST KLUGGER DEBORAH NAME NAME STREET ADDRESS 3261 SE 31ST ST. STREET ADDRESS OCALA, FL CITY-ST-ZIE GLAIA FL 34471 City-St-7P TITLE VPS Delete TITLE Change ☐ Addition JOSHUA KLUGGER NAME NAME 3261 SE 31 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34471 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change - - ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIF 12. 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 eath; 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 attachn with all ofther like empowered.

**FILED** 

DEBORAH A KLUGGER

IG OFFICER OR DIRECTOR

SIGNATURE: