# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M66471

1. Entity Name
CENTER STATE CONSTRUCTION, INC.

**FILED**
**Feb 01, 2008 08:00 AM**
**Secretary of State**

| Principal Place of Business | Mailing Address |
|---|---|
| 3261 SE 31ST ST.<br>OCALA, FL 34471 | 3261 SE 31ST ST.<br>OCALA, FL 34471 |

01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2865592

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KLUGGER, DEBORAH A
3261 SE. 31ST ST.
OCALA, FL 34471

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | KLUGGER, DEBORAH A |
| STREET ADDRESS | 3261 SE 31ST STREET |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | VTS |
| NAME | KLUGGER, JOSHUA |
| STREET ADDRESS | 3261 SE 31ST ST. |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | VPS |
| NAME | JOSHUA KLUGGER |
| STREET ADDRESS | 3261 SE 31 ST |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

100000031066
02/11/08-80011-022 150.00

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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:** _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR