2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M96150

1. Entity Name
AMICK CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
% JEFFRY B. FUQUA 401 FERGUSON DRIVE ORLANDO, FL 32805	% JEFFRY B. FUQUA 401 FERGUSON DRIVE ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2908120
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FUQUA, JEFFRY B.
401 FERGUSON DRIVE
ORLANDO, FL 32805

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 _____ 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, 2006 Fee will be $550.00

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

000000410845
02/09/06-80054-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	GOTSIS, CHERYL
STREET ADDRESS	401 FERGUSON DRIVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	V
NAME	LIAKOS, JOSEPH W
STREET ADDRESS	401 FERGUSON DR
CITY-ST-ZIP	ORLANDO, FL
TITLE	V
NAME	MARTIN, CONAN
STREET ADDRESS	401 FERGUSON DR
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	DP
NAME	FUQUA, JEFFRY B
STREET ADDRESS	401 FERGUSON DR
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 1/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #