## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 08, 2005 8:00 am Secretary of State 07-05-2005 90119 042 \*\*\*150.00

DOCUMENT # P0000008005  1. Entity Name CONSTRUCTION GUIDES, INC.						08-08-2005			100.00	
Principal Place of Business Maiting Address						1	<b>ድ</b> ለ ለ ሶ ስ	AUE		
2175 MAGNOLIA ST Sarasota, FL 34239		PO BOX 48682 Sarasota, Fl. 34230			50060485					
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06302005	Chg-P	CR2E034			
City & State		City & State			4. FEI Numb				plied For x Applicable	
Zip	Country	Zip Coun		lry		of Status Desired		B.75 Ack	litional	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent						
BELLE MICAEL J COTTECTING				NamBelle, Michael						
2364 FRUI	TVIĹLE RD.	· name _	name Stati Address (			P.O. Box Number is Nyt Acceptable),				
SARASOTA, FL 34237										
		21		City Sara	sota		FL	Zip Cod	3.17	
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 Signature. Typed or printed name of repetitive agent and title if expiritable (NOTE Registered Agent signature required when remaining)  DATE										
with a service is the service and a service and servic										
FILE NOW!!! FEE 13 \$150.00  Due by September 7, 2005  9. Election Campaign Financing Trust Fund Contribution.					.00 May Be ded to Fees	In accordance v corporation did	vith s. 607.19 not receive t	93(2)(b), he prior r	F.S., the notice.	
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND D	RECTOR	SIN 11	
TITLE NAME	NUGENT, RUSSELL F	☐ Delete	TITLE	•				Change	Addition	
STREET ADDRESS	2175 MAGNOLIA ST		STRE	ET ADDRESS						
CITY-ST-ZIP	SARASOTA, FL 34239	Delete	TITLE	-ST-ZIP	<del></del>		r	Change	Addition	
NAME	NUGENT, MARY VIRGINIA	- Contract	NAMI	1				_ o-ango	_ ~~~	
STREET ADDRESS CITY-ST-ZIP	2175 MAGNOLIA ST SARASOTA, FL 34239			ET ADDRESS - ST-ZIP						
TITLE		☐ Delete	TITLE				[	Change	Addition	
NAME STREET ADDRESS			NAM SIRE	E Et aodress						
CITY-ST-ZIP				-SI-ZIP						
TITLE NAME		October	TITLE				Ε	] Change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			Channa	- Addition	
TITLE NAME		☐ Delets	11TLE HAM	<b>I</b>				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP						
IIILE		☐ Defets	1ITU			<del></del>	C	Change	Addition	
NAME STREET ADDRESS			NAM STRE	E Et address						
CITY-ST-ZIP	<u></u>			-ST-ZIP		····				
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 of 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 enjections, with all other like empowered.										
SIGNATURE: May Mulic Mufit 1424 VIREINIA MEGUT 6-30-5 366 5877										