

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000013373

1. Entity Name  
JULIUS FROELICH CONSTRUCTION, INC.



Principal Place of Business  
125 FOXWOOD DRIVE  
LAKE PLACID, FL 33852

Mailing Address

125 FOXWOOD DRIVE  
LAKE PLACID, FL 33852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number  
65-0979548

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RHOADES, CLIFFORD R  
227 N RIDGEWOOD DR  
SEBRING, FL 33870

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME FROELICH, JULIUS E  
STREET ADDRESS 543 VIOLET AVE  
CITY- ST-ZIP SEBRING, FL 33870

Delete

TITLE D  
NAME Froelich, Julius E  
STREET ADDRESS 125 Foxwood Dr.  
CITY- ST-ZIP Lake Placid, FL 33852

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST-ZIP

Change  Addition

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: *Julius Froelich*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julius Froelich

1/16/06 863-471-3774

Date Daytime Phone #

**FILED  
Jan 19, 2006 8:00 am  
Secretary of State**

01-19-2006 90067 011 \*\*\*150.00

