2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000095499

Address:

City-St-Zip:

Entity Name: PHILCO CONSTRUCTION, INC.

FILED Apr 09, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1020 N ORLANDO AV				1020 N ORLANDO AV			
STE 300 MAITLAND, FL 32751				STE 300 MAITLAND, FL 327514514			
	,				,		
Current Mailing Address:				New Mailing Address:			
1020 N ORLANDO AV				1020 N ORLANDO AV			
STE 300 MAITLAND, FL 32751				STE 300 MAITLAND, FL 327514514			
		FFI Normhau Ameliad Fau ()	EEI No.				
FEI Number:	: 59-3674968	FEI Number Applied For ()	FEINUN	nber Not App	icable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PHILLIPS, THOMAS B III				PHILLIPS,	THOMAS B	III	
1020 N ORLANDO AV				1020 N ORLANDO AV			
STE 300 MAITLAND, FL 32751 US				STE 300 MAITLAND, FL 327514514 US			
The above named entity submits this statement for the purpose on the State of Florida. SIGNATURE:				04/09/2008			
Flection Car		nic Signature of Registered Ag g Trust Fund Contribution ().	ent			Date	
	S AND DIREC	- , ,		ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTOR	
Title:	D () Delete		Title:		() Change () Addition	
Name:	PHILLIPS, THO			Name:	,	() Change () Addition	
Address:	525 TABATHA			Address:			
City-St-Zip:	OSTEEN, FL 3	327649310		City-St-Zip:			
Title:	V () Delete		Title:	Р ((X) Change ()Addition	
Name:	STERN, ROBE			Name:	STERN, ROB		
Address:	11 N LAKEVIE			Address:	11 N LAKEVI		
City-St-Zip:	HAINES CITY,	FL 338449453		City-St-Zip:	HAINES CITY	7, FL 338449453	
Title:	() Delete		Title:		() Change (X) Addition	
Name:				Name:	HEGERT, NA		
Address: City-St-Zip:				Address: City-St-Zip:	2455 WORTH	HINGTON RD L 327513655	
Orty-St-Zip.				Oity-Ot-Zip.	IVIALI LAND, F	L 32/313033	
Title: Name:	() Delete		Title: Name:	CFO (() Change (X) Addition STEPHEN W	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

PO BOX 522223

LONGWOOD, FL 327522223

SIGNATURE: STEPHEN W THORNTON CFO 04/09/2008