

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2007 08:00 A
Secretary of State

DOCUMENT # P01000006349

1. Entity Name
FRONCKOWIAK & COMPANY CONSTRUCTION, INC.



Principal Place of Business
**5853 S. MIAMI ROAD
VENICE, FL 34293**

Mailing Address
**5853 S. MIAMI ROAD
VENICE, FL 34293**



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1068542	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAW OFFICES OF DEAN HANEWINCKEL, PA
2650 SOUTH MCCALL ROAD
ENGLEWOOD, FL 34224**

**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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRONCKOWIAK, JOSH 5853 S. MIAMI ROAD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLON, DAVID 5136 PONCE DE LEON BOULEVARD NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLON, ELBIN 5136 PONCE DE LEON BOULEVARD NORTH PORT, FL 34286
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/31/07-20015-010 158.75

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #