


**.2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000006614 1. Entity Name CONSTRUCTION FOLDER, INC.	
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Principal Place of Business 1869 FLORALTON DR. SPRING HILL, FL 34610	Mailing Address 1869 FLORALTON DR. SPRING HILL, FL 34610
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DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3704666	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

RHODES, JOSEPH
1869 FLORALTON DR.
SPRING HILL, FL 34610

**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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RHODES, JOSEPH D 1869 FLORALTON DRIVE SPRING HILL, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODES, MARCIA 1869 FLORALTON DRIVE SPRING HILL, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS EHLERS, HERMANN W 1869 FLORALTON DRIVE SPRING HILL, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICARD, BARBARA 1869 FLORALTON DRIVE BROOKSVILLE, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/19/06-80009-020 150.00

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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:  JOSEPH RHODES X 04-29-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #