

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000008839

1. Entity Name

MARIGOLD CONSTRUCTION, INC.



Principal Place of Business

1150 LEE BLVD
STE 1B
LEHIGH ACRES FL 33936

Mailing Address

1150 LEE BLVD
STE 1B
LEHIGH ACRES FL 33936



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-3694558

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DINGER, PAUL
1150 LEE BLVD
LEHIGH ACRES FL 33936

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 of person for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstated)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME DINGER, PAUL
STREET ADDRESS 3423 STABILE ROAD
CITY-ST-ZIP SAINT JAMES CITY FL 33956

TITLE VP ☐ Delete

NAME BEELER, WILLIAM D
STREET ADDRESS 1016 SUPERIOR ST #172
CITY-ST-ZIP FT MYERS FL 33916

TITLE VP ☐ Delete

NAME O'CONNELL, JAMES
STREET ADDRESS 3011 BRACCI DRIVE
CITY-ST-ZIP ST. JAMES CITY FL 33956

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME U000000459809
STREET ADDRESS 03/18/06-80048-003 150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

PAUL DINGER

3/6/06

039
995-7155