


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000078985</b>	
1. Entity Name <b>CONSTRUCTION DEBRIS REMOVAL OF VENICE, INC.</b>	

Principal Place of Business <b>10175 RAFFERTY AVENUE ENGLEWOOD, FL 34224</b>	Mailing Address <b>10175 RAFFERTY AVENUE ENGLEWOOD, FL 34224</b>
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04142006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1128786</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>NICKERSON, FREDERICK A 10175 RAFFERTY AVENUE ENGLEWOOD, FL 34224</b>
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**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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	DATE <b>05/06/06</b> <b>100000032874</b> <b>80101-006 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NICKERSON, MICHAEL L 362 PLANTATION RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWMAN, JOSEPH D 362 PLANTATION RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NICKERSON, THELMA 10175 RAFFERTY AVENUE ENGLEWOOD, FL 34224
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** *Thelma Nickerson* **THELMA NICKERSON SEC.** 4-24-06 941-473-4236  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #