2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000085622

CULBERTSON CONSTRUCTION, INC.



Principal Place of Business

8550 MOCKINGBIRD LANE **ESTERO, FL 33928**

Mailing Address

8550 MOCKINGBIRD LANE ESTERO, FL 33928

FILED Jun 01, 2007 8:00 am **Secretary of State**

06-01-2007 90002 014 ***550.00

40119330



DO NOT WRITE IN THIS SPACE

03272007 No Chg-P CR2E034 (11/05)

4. FEI Number	L	Applied For
65-1132059		Not Applicable
5. Certificate of Status Desired		5 Additional equired

6. Name and Address of Current Registered Agent

FRANCHINO, THOMAS W : 1250 N. TAMIAMI TRAIL SUITE 106

DO NOT WRITE IN THIS SPACE NAPLES, FL 34102

			!			
	named entity submits this statement for the plions of registered agent.	ourpose of changing its registe	ered office or r	egistered agent, or bot	n, in the State of Florida. I am familiar with, and	accept
SIGNATURE	Signature, typed of printed name of registered agent and title	if applicable. (NOTE: Registr	red Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS	D CULBERTSON, RODNEY E 8550 MOCKINGBIRD LANE					

CITY-ST-ZIP ESTERO, FL 33928 TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS

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: _

Kodney & What Sm SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #