

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000103116 1. Entity Name FLORIDA INTEGRITY CONSTRUCTION CORP.																																																																																																											
Principal Place of Business 18101 O'HARA DRIVE PORT CHARLOTTE FL 33948			Mailing Address 18101 O'HARA DRIVE PORT CHARLOTTE FL 33948																																																																																																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																								
City & State			City & State																																																																																																								
Zip		Country		4. FEI Number 65-1149046																																																																																																							
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																									
6. Name and Address of Current Registered Agent BELLANT, DANIEL C 1524 83ST. NW BRADENTON FL 34209				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) 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 Added to Fee																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BELLANT, DANIEL C</td> <td></td> <td>STREET ADDRESS</td> <td>1100000435333</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>18101 O'HARA DRIVE</td> <td></td> <td>CITY-ST-ZIP</td> <td>02/25/06-80039-002 150.00</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE FL 33948</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add	STREET ADDRESS	BELLANT, DANIEL C		STREET ADDRESS	1100000435333		CITY-ST-ZIP	18101 O'HARA DRIVE		CITY-ST-ZIP	02/25/06-80039-002 150.00		CITY-ST-ZIP	PORT CHARLOTTE FL 33948		CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																								
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add																																																																																																						
STREET ADDRESS	BELLANT, DANIEL C		STREET ADDRESS	1100000435333																																																																																																							
CITY-ST-ZIP	18101 O'HARA DRIVE		CITY-ST-ZIP	02/25/06-80039-002 150.00																																																																																																							
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		CITY-ST-ZIP																																																																																																								
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add																																																																																																						
STREET ADDRESS			STREET ADDRESS																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																								
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add																																																																																																						
STREET ADDRESS			STREET ADDRESS																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																								
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add																																																																																																						
STREET ADDRESS			STREET ADDRESS																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																								
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Add																																																																																																						
STREET ADDRESS			STREET ADDRESS																																																																																																								
CITY-ST-ZIP			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: _____

[Handwritten Signature] 2-10-06 944-276-C