## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT** FILED Jan 12, 2006 08:00 AN **DOCUMENT # P01000106020** Secretary of State GORDON LUNDEEN BUILDING CONTRACTOR, INC. Principal Place of Business Mailing Address **5810 PAPAYA DRIVE 5810 PAPAYA DRIVE** FORT PIERCE, FL 34982 FORT PIERCE, FL 34982 01092006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3752400 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BECHT, EDWARD W ESQ. DO NOT WRITE 321 S. 2ND STREET FORT PIERCE, FL 34950 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 little it applicable. (NOTE, Registered Agent signature required when reinstating) DATE U00000383165 9. Election Campaign Financing \$5.00 May Se FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 01/12/06-80041-019 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LUNDEEN, GORDON NAME STREET ADDRESS 5810 PAPAYA DRIVE CMY-ST-ZIP FORT PIERCE, FL 34982 TITLE LUNDEEN, REBECCA NAME STREET ADDRESS **5810 PAPAYA DRIVE** CITY-ST-ZIP FORT PIERCE, FL 34982 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TILLE

12. Thereby certify that the information supplied with this filling 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 withan address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UNDERN

772-595-0509

Daytime Phone #