


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90100 024 ***150.00

DOCUMENT # P01000112008 1. Entity Name STANDIE CONSTRUCTION, INC.					
Principal Place of Business 20847 SUGARLOAF LN BOCA RATON, FL 33428			Mailing Address 20847 SUGARLOAF LN BOCA RATON, FL 33428		
2. Principal Place of Business 9561 SAVANNAH ESTATES DR.		3. Mailing Address 9561 SAVANNAH ESTATES DR.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State LAKE WORTH FLORIDA		City & State LAKE WORTH FLORIDA		4. FEI Number 65-1153667	
Zip 33467		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33467		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMARAL, STEVEN 20847 SUGARLOAF LN BOCA RATON, FL 33428			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>Steven Amaral</u> - <u>STEVEN AMARAL</u> DATE <u>4-4-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMARAL, ANDREA J 20847 SUGARLOAF LANE BOCA RATON, FL 33428	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AMARAL, STEVEN 20847 SUGARLOAF LANE BOCA RATON, FL 33428	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Andrea J. Amaral</u> - <u>ANDREA J. AMARAL</u>		Date <u>4-4-05</u>		Daytime Phone # <u>561-967-1243</u>	