
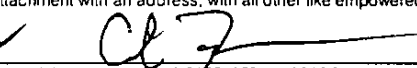


FILED
Jan 16, 2007 8:00 am
Secretary of State

60001939

DOCUMENT # P01000121120				01-16-2007 90198 036 ***150.00	
1. Entity Name CHRISTOPHER MCCAMMON CONSTRUCTION, INC.					
Principal Place of Business 4305 CHADWICK STREET PACE, FL 32571		Mailing Address 4305 CHADWICK STREET PACE, FL 32571			
2. Principal Place of Business - No P.O. Box # 5730 Cobble Creek		3. Mailing Address 5730 Cobble Creek Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pace, FL		City & State Pace, FL		4. FEI Number 30-0003224	
Zip 32571		Country Santa Rosa		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCCAMMON, CHRISTOPHER 4305 CHADWICK STREET PACE, FL 32571		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5730 Cobble Creek Dr. City PACE FL Zip Code 32571			
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, 2007 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 MCCAMMON, CHRISTOPHER 4305 CHADWICK STREET PACE, FL 32571 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McCannon, Christopher <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5730 Cobble Creek Dr. Pace, FL 32571	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTLEBERRY, JEFFREY W <input checked="" type="checkbox"/> Delete 8709 CHISHOLM ROAD PENSACOLA, FL 32514		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALMERON, FRED <input type="checkbox"/> Delete 3670 BRIGHTWOOD PACE, FL 32571		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOWELL, MIKE <input type="checkbox"/> Delete 7604 HARVEY STREET PENSACOLA, FL 32506		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		1/10/07 (850) 982-59			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			