2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000012871

1. Entity Name

SURRATT BROTHERS CONSTRUCTION CORPORATION



Principal Place of Business

120 CLEAR LAKE LANE HAWTHORNE, FL 32640 Mailing Address

POST OFFICE BOX 1410 HAWTHORNE, FL 32640

FILED Aug 15, 2006 8:00 am Secretary of State

08-15-2006 90002 002 ***150.00

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08082006

No Chg-P

CR2E034 (11/05)

4. FEI Number 37-1418242

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SURRATT, SUSAN 120 CLEAR LAKE LANE HAWTHORNE, FL 32640

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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			Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Finance Trust Fund Contribution.			ting	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SURRATT, KENNETH POST OFFICE BOX 1410/120 CLEAR HAWTHORNE, FL 32640	LAKE LANE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SURRATT, SUSAN POST OFFICE BOX 1410/120 CLEAR LAKE LANE HAWTHORNE, FL 32640				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				• • •	

12. I hereby 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 with an address, with all other like empowered.

SIGNATURE: Z

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/04/04

(586) (352) 215-1015

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Daytime Phone #