

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90134 040 \*\*\*150.00

DOCUMENT # P02000057565

1. Entity Name  
 FEHR CONSTRUCTION, INC.



Principal Place of Business  
 20020 VETERANS BLVD., SUITE 11  
 PORT CHARLOTTE, FL 33954

Mailing Address  
 20020 VETERANS BLVD., SUITE 11  
 PORT CHARLOTTE, FL 33954



2. Principal Place of Business  
 24610 SANDHILL BLVD  
 Suite/Apt. #, etc.  
 # 202

3. Mailing Address  
 24610 SANDHILL BLVD  
 Suite/Apt. #, etc.  
 # 202

03262006 Chg-P CR2E034 (11/05)

City & State  
 PUNTA GORDA, FL

City & State  
 PUNTA GORDA, FL

Zip  
 33951

Country  
 USA

Zip  
 33951

Country  
 USA

4. FEI Number  
 27-0012670

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEHR, JERRY W  
 20020 VETERANS BLVD., SUITE 11  
 PORT CHARLOTTE, FL 33954

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 24610 SANDHILL BLVD # 202  
 PUNTA GORDA FL Zip Code 33951

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 Jerry W. Fehr Pres. DATE 3/28/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D	FEHR, JERRY W	<input type="checkbox"/> Delete
STREET ADDRESS	20020 VETERANS BLVD., SUITE 11	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
TITLE D	SMARRELLI, LINDA A	<input type="checkbox"/> Delete
STREET ADDRESS	20020 VETERANS BLVD., SUITE 11	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SAME	24610 SANDHILL BLVD # 202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PUNTA GORDA, FL 33951	
CITY-ST-ZIP		
TITLE SAME	24610 SANDHILL BLVD # 202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PUNTA GORDA, FL 33951	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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: L.A. Smarrelli DATE 3/28/06 DAYTIME PHONE # 941-625-8984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #