


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90201 045 ***150.00

DOCUMENT # P02000057565

1. Entity Name
FEHR CONSTRUCTION, INC.



Principal Place of Business Mailing Address
 24610 SANDHILL BLVD 24610 SANDHILL BLVD
 SUITE 202 SUITE 202
~~PUNTA GORDA, FL 33951~~ ~~PUNTA GORDA, FL 33951~~

50001530



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04122007 Chg-P CR2E034 (12/06)

City & State City & State
PORT CHARLOTTE, FL. **PORT CHARLOTTE, FL.**

Zip Country Zip Country

4. FEI Number Applied For
 27-0012670 Not Applicable

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

6. Name and Address of Current Registered Agent

FEHR, JERRY W
 24610 SANDHILL BLVD
 SUITE 202
~~PUNTA GORDA, FL 33951~~

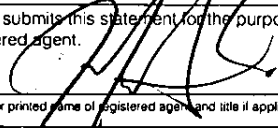
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

PORT CHARLOTTE **FL** Zip Code **33983**

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** **4/12/07**

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, 2007 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	<input type="checkbox"/> Delete
NAME	FEHR, JERRY W	
STREET ADDRESS	24610 SANDHILL BLVD #202	
CITY-ST-ZIP	PUNTA GORDA, FL 33951	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMARRELLI, LINDA A	
STREET ADDRESS	24610 SANDHILL BLVD #202	
CITY-ST-ZIP	PUNTA GORDA, FL 33951	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL. 33983	
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 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:  **L.A. SMARRELLI** **4/12/07** **941-625-8984**

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