


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P02000062145 1. Entity Name MCELROY CONSTRUCTION, INC.	
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Principal Place of Business 10625 LITHIA ESTATES DR. LITHIA, FL 33547	Mailing Address P.O. BOX 111 LITHIA, FL 33547
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02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0710147	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

MCELROY, BRIAN S
 10625 LITHIA ESTATES DR.
 LITHIA, FL 33547

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IN THIS SPACE

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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCELROY, BRIAN S
STREET ADDRESS	10625 LITHIA ESTATES DR.
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	D
NAME	MILLER, RICK
STREET ADDRESS	10628 LITHIA ESTATES DRIVE
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	D
NAME	NORTON, DAVID A
STREET ADDRESS	9030 HOGANS BEND
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/04/06-80008-024 150.00

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: Brian S McElroy, Pres. 2/10/06 813 643-9311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #