


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jun 22, 2007 08:00 AM

check # 1550
Secretary of State

DOCUMENT # P02000078959 1. Entity Name NECESSARY CONSTRUCTION IMPROVEMENTS, INC.	
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Principal Place of Business 339 KIRKCALDY DRIVE WINTER SPRINGS, FL 32708	Mailing Address 339 KIRKCALDY DRIVE WINTER SPRINGS, FL 32708
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DO NOT WRITE IN THIS SPACE



05222007 No Chg-P CR2E034 (11/05)

4. FEI Number 73-1649983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FEKAY, JEFFREY L 239 KIRKCALDY DR WINTER SPRINGS, FL 32708
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**DO NOT WRITE
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 \$550.00 Due by September 14, 2007	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 NAME STREET ADDRESS CITY-ST-ZIP	P FEKAY, JEFFREY L 339 KIRKCALDY DR WINTER SPRINGS, FL 32708
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06/22/07-80004-005 550.00

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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: *Jeffrey L. Fekey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____