


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90082 046 \*\*\*150.00

**DOCUMENT # P02000083497**

1. Entity Name  
**ELWOOD CONSTRUCTION COMPANY, INC.**



Principal Place of Business  
**4229 NE 17TH TERRACE  
 GAINESVILLE FL 32609**

Mailing Address  
**4229 NE 17TH TERRACE  
 GAINESVILLE FL 32609**



2. Principal Place of Business - No P.O. Box #  
**2727 NW 43rd St**  
 Suite, Apt. #, etc.  
**Suite 2A**  
 City & State  
**GAINESVILLE, FL**  
 Zip  
**32606** Country  
**USA**

3. Mailing Address  
**P.O. Box 358290**  
 Suite, Apt. #, etc.  
**GAINESVILLE, FL**  
 City & State  
**32635-8290**  
 Zip  
**USA** Country

1st MOORE CR2E034 (10/06)

4. FEI Number **05-0550776** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ELWOOD, KENNETH H  
 4229 NE 17TH TERRACE  
 GAINESVILLE FL 32609**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

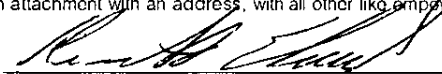
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
D	ELWOOD, KENNETH H	4229 NE 17TH TERRACE	GAINESVILLE FL 32609	<input type="checkbox"/>
O	ELWOOD, STEPHEN C OFFICER	4229 NE 17TH TERRACE	GAINESVILLE FL 32609	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		2727 NW 43rd St. Suite 2A	GAINESVILLE, FL 32606	<input type="checkbox"/>	<input type="checkbox"/>
		2727 NW 43rd St. Suite 2A	GAINESVILLE, FL 32606	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Kenneth Elwood** 2-1-07 (352)538-0822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #