


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
45A Country
USA

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

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

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

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

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)

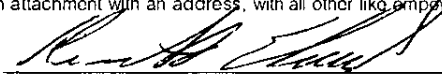
FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST-ZIP	2727 NW 43rd St. Suite 2A GAINESVILLE, FL 32606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	2727 NW 43rd St. Suite 2A GAINESVILLE, FL 32606	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #