2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 8:00 am Secretary of State

ANNUAL KEPUKI							Secretary of State				
DOCUMENT # P02000094294							02-03-2006 90007 007 ***150.00				
1. Entity Name NATHE & SONS CONSTRUCTION, INC.								02-03-2006 9	0007 007	***150.	.00
INATHE	i SONS C	CONSTRUCTION, I	NC.								
Principal Plac	e of Business	3	Mailing Address								
32440 NATHE RD			32440 NATHE RD								
DADE CITY, FL 33523			DADE CITY, FL 33523								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01162006	Chg-P	CR2E03	4 (11/05)	
City & State			City & State			4. FEI Number Applied For 38-3657788 Not Applied			plied For t Applicable		
Zip	Country		Zip Cour		ountry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Age							7. Name and	Address of New R	egistered A	gent	
NATUE CEDARD II					Name						
NATHE, GERARD H 32440 NATHE RD				Street Ac	ddress (I	P.O. Box Numbe	r is Not Acceptable)			
DADE CITY, FL 33523											
					City				FL	Zip Code	9
8. The above	named entity	y submits this statement fo	the purpose of cha	anging its regis	stered office or	register	ed agent, or bott	n, in the State of Flo		 miliar with.	and accept
the obligat	tions of regist	ered agent.				Ŭ	Ū				•
SIGNATURE Signature, lying or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	्	or printed to the of registered against	ore the mapping actual.	(NOTE: Negs	are ac again agricul		when resistating)		DATE		
FILE NOWILE FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.					~		00 May Be ed to Fees				
10.		OFFICERS AND	DIRECTORS		11.		ADDITIONS/	CHANGES TO OFFI	CERS AND I	DIRECTORS	3 IN 11
TITLE	D	NED ADD II	□ D		TITLE				•	☐ Change	☐ Addition
name Street address	32440 NA	SERARD H THE RD			NAME STREET ADDRESS						
CITY-ST-ZIP	I	Y, FL 33523			CITY-ST-ZIP						
TITLE	ST		□ D	elete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	NATHE, R 32440 NA	OXANNE THE PD			NAME STREET ADDRESS						
CITY-ST-ZIP	I	Y, FL 33523			CITY-ST-ZIP						
TITLE			□ D	elete	TITLE			,-		☐ Change	☐ Addition
NAME	į		٠,٠		NAME						
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STREET ADDRESS CITY-ST-ZIP					STREET ADDRESS CITY-ST-ZIP						
TITLE				elete	TITLE					Change	Addition
NAME					NAME						

12. I hereby certify that the information supplied with this filling 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 withan accuracy with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

LATING AND THE OF SHINTED NAME OF SIGNING OFFICER OF DIRECTOR

01-16-06 Date

Daytime Phone #