2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Mar 24, 2005 08:00 AM Secretary of State

ANNUAL REPURI			Mai 24, 2005 00.00 F
1. Entity Nam	MENT # P02000130371 struction, inc.		Secretary of State
Principal Place	e of Business Mailing Address		
100 MCCABE ST. 100 MCCABE ST.			
PORT CHARLOTTE, FL 33953 PORT CHARLOTTE, FL 33953			
			# [### ### ### # ### ###
		^ -	03012005 No Chg-P CR2E034 (10/03)
L	O NOT WRITE IN THIS SPA	CE	4. FEI Number Applied For
			55-0835476 Not Applicable
			5. Certificate of Status Desired
	6. Name and Address of Current Registered Agent		i ee required
PETRENKO, ALEX			DO NOT WRITE
100 MCCABE ST PORT CHARLOTTE, FL 33953		The state of the s	
1 0111 011112,12 00000			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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS "		
TITLE	DP		·
NAME STREET ADDRESS	PETRENKO, ALEX 100 MCCABE ST		·
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		_ ·
TITLE			
NAME			
STREET ADDRESS			finin sia are 9 per O DQ
CITY-ST-ZIP			000000274839
TITLE NAME			
STREET ADDRESS			DO NOT WRITE
CITY-ST-ZIP			
TITLE			IN THIS SPACE
NAME CTOTEL ADDOCCC			
STREET ADDRESS CITY-ST-ZIP			
TITLE			The Management Asset
NAME			
STREET ADDRESS			
CITY-ST-ZIP		4	# 1
TITLE	040		
NAME			
STREET ADDRESS		1	
CITY-ST-ZIP	at that the defermation a polled with this filled does not qualify for the ave	emotion stated to Se	action 119 07(3)(i) Florida Statutes, I further certify that the information
12. Thereby certify that the information supplied with this hind coas not qualify to the exemption stated in declare and that the 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 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 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 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 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 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 indicated on this report of 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 indicated on this report is reported by the same indicated on			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). 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.			