2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State
01-19-2006 90076 015 ***150.00

DOCUMENT # P02000131801

1. Entity Name
SVENSON CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
1715 HERMIT SMITH ROAD APOPKA, FL 32712	1715 HERMIT SMITH ROAD APOPKA, FL 32712

01122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1715 HERMIT SMITH RD	1715 HERMIT SMITH RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA, FL.	City & State: APOPKA FL.
Zip: 32712 Country: ORANGE	Zip: 32712 Country: ORANGE

4. FEI Number: 65-1168282 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SVENSON, JAMES 1715 HERMIT SMITH ROAD APOPKA, FL 32712	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: James Svenson DATE: 1/12/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SVENSON, JAMES 1715 HERMIT SMITH ROAD APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SVENSON, CONNIE 1715 HERMIT SMITH ROAD APOPKA, FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STEVENSON, WALTER 3960 CRAY RICH CIRCLE ORLANDO, FL 328390000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SVENSON, WALTER 3960 CRAY RICH CIRCLE ORLANDO FL. 32839	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: James Svenson (PRES) 1/12/06 321-291-5453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #