## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## 02-20-2006 90027 005 \*\*\*150.00 DOCUMENT # P03000000093 1. Entity Name HARKEMA CONSTRUCTION, INC. Principal Place of Business Mailing Address 60018622 1692 TAYLOR RIDGE LOOP 717 E OAK ST KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 51-0438954 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert G. Harkema SWART, HARRY J CPA Street Address (P.O. Box Number is Not Acceptable) 1692 Taylor Ridge Loop 717 E OAK ST KISSIMMEE, FL 34744 Kissimmee 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 obligation: SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** ☐ Delete TITLE ☐ Change ☐ Addition TITLE HARKEMA: ROBERT G NAME NAME 1692 TAYLOR RIDGE LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34744 CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Addition TSTLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED Feb 20, 2006 8:00 am

**Secretary of State**