## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT # P03000014109



## FILED May 31, 2005 8:00 am Secretary of State

SIGNATURE   Squature, report or priced name of implications against and little is appointable.   INDEE Regulated Again signature required within critical place or priced name of implications and little is appointed against	1. Entity Nam	ie.	NSTRUCTION, INC	). ).		No.	05-31-2005 9	0001 009	***150.	00	
RAMOND BEACH, FL 32174    Country   Zip	Principal Plac	e of Business		Mailing Address							
Suita, Apt. #, etc.							1   1   1   1   1   1   1   1   1   1				<b>                                    </b>
City & State	2. Principal P	Place of Busin	ess	3. Mailing Address							
Zop	Suite, Apt. #, etc.			Suite, Apt. #, etc.			05022005	Chg-P	CR2E03	4 (10/03)	
S. Certification of Status Desired   Face Required	City & State			City & State			I				
Name    Street Audress (P O Box Number is Not Acceptable)	Zip		Country	Zip			5. Certificate	e of Status Desired			
TUMBLESON, J. DOYLE 150 SOUTH PALMETTO AVE., STE. A DAYTONA BEACH, FL 32114  8. The above named onlity submits line statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the optiopations of registered agent  Signature  FILE NOW!!! FEE IS \$550.00  Due by September 7, 2005  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DESCRIPTION OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DESCRIPTION OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DESCRIPTION OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DESCRIPTION OFFICERS IN 11  TITLE  DESCRIPTION OFFICERS  TITLE  DESCRIPTION OFFICERS  TITLE  DESCRIPTION OFFICERS  TITLE		6. Name	and Address of Current								
BAYTONA BEACH, FL 32114    City   FL   Zio Code	TÜMBLES	ON, J. DO	YLE	Name							
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 a	150 SOUTH PALMETTO AVE., STE. A					Street Acidres	s (P.O. Box Numb	per is Not Acceptable	<del>)</del> )		
SIGNATURE    Signature power or uncered number of registered agent and size if apolicative.   (NOTE: Registered Agent signature requires when it institution.   Street Apolicative.   Street Apolicati				City			FL	Zip Code	<del>)</del>		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE ALLEVA, DANIEL R 4183 SANORA LANE ORMOND BEACH, FL 32174  CITY-ST-2P  TITLE ORMOND BEACH, FL TITLE NAME SIREET ADDRESS SIREET	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										
Trust Fund Contribution.   Added to Fees											
TITLE							5.00 May Be dded to Fees				
NAME STREET ADDRESS CITY-ST-2P ORMOND BEACH, FL 32174  ITILE VP ALLEVA, SUE STREET ADDRESS CITY-ST-2P ORMOND BEACH, FL ORMOND	10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	ALLEVA, 6 4183 SAN	ORA LANE	☐ Delete	NAM Stre	et address				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	ALLEVA, 4183 SAN	ORA LANE	☐ Delete	NAM STRE	E ET ADDRESS				☐ Change	Addition
NAME STREET ADDRESS CHY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		-	☐ Defete	NAM STRE	ET ADDRESS				☐ Cnange	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TILLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	name Street address			☐ Delete	NAM STRE	e et address		-		Change	Addition
NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS			☐ Delete	NAM STRE	E ET ADDRESS				☐ Change	Addition
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP	o o dilitari			NAM STRE CITY	E EET ADDRESS - ST- ZIP	Continue 110 07	Wi) Flacido Sc			Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.