2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000020295

FRITZ, ROBERT T VP

15513 66 COURT, N.

LOXAHATCHEE, FL 33470 US

Name:

Address:

City-St-Zip:

Entity Name: MISTER CONSTRUCTION, INC

FILED Apr 23, 2008 Secretary of State

Entity Nai	me: MISTER	CONSTRU	UCTION, INC.				
Current Principal Place of Business:					New Principal Place of Business:		
991 STINS 403	SON WAY						
	LM BEACH, F	L 33411	US				
Current Mailing Address:				New Mailing Address:			
991 STINS 403	SON WAY						
	LM BEACH, F	L 33411	US				
FEI Number:	: 01-0767125	FEI Num	ber Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
FRITZ, BARBARA 991 STINSON WAY 403				FRITZ, BARBARA L 991 STINSON WAY 403			
WEST PALM BEACH, FL 33411 US WEST PALM BEACH, FL 33411 US							
	named entity e of Florida.	submits th	is statement for the	purpose o	f changing its registere	d office or registered agent, or both,	
SIGNATURE: BARBARA L FRITZ					04/23/2008		
	Electro	nic Signatı	ure of Registered A	gent		Date	
Election Car	mpaign Financir	ng Trust Fun	d Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (FRITZ, BARBA 7485 NW 22 S MARGATE, FL	TREET			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (FRITZ, DONAL 7485 NW 22 S MARGATE, FL	TREET			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (FRITZ, DONAL 13050 CITRUS WEST PALM E	GROVE BL			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	ST () Delete			Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: DONALD T FRITZ VP 04/23/2008