


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90260 008 ***150.00

DOCUMENT # P03000031133 1. Entity Name FAS CONSTRUCTION, INC.	
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Principal Place of Business 2468 ALBURY AVE DELTONA, FL 32738	Mailing Address 2468 ALBURY AVE DELTONA, FL 32738
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4



03022008	Chg-P	CR2E034 (12/06)
4. FEI Number 04-3752718	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HERNANDEZ, LEON 2468 ALBURY AVE DELTONA, FL 32738	

7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

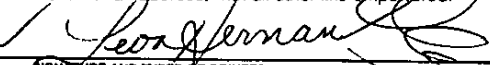
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	HERNANDEZ, LEON
STREET ADDRESS	2468 ALBURY AVE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	DVP <input type="checkbox"/> Delete
NAME	HERNANDEZ, RAQUEL
STREET ADDRESS	2468 ALBURY AVE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	DST <input type="checkbox"/> Delete
NAME	HERNANDEZ, JOSE R JR.
STREET ADDRESS	179 HEATHER LANE DRIVE
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, DANIEL
STREET ADDRESS	3685 SUNDAY DR
CITY-ST-ZIP	DELTONA, FL 32738
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D2ABVP
STREET ADDRESS	LEON ZUNIGA
CITY-ST-ZIP	1562 JOYNER DR DELTONA FL 32725
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/28/08
Daytime Phone #