

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L15341



FILED
Jan 25, 2006 08:00 A
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000052070

1. Entity Name

PRO TEK CONSTRUCTION INC



Principal Place of Business

3943 FORSYTH ROAD
WINTER PARK, FL 32792 US

Mailing Address

3943 FORSYTH ROAD
WINTER PARK, FL 32792 US



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number
81-0612601

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEBSTER, FRANCIS R
3943 FORSYTH ROAD
WINTER PARK, FL 32792

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE P
NAME WEBSTER, FRANCIS R
STREET ADDRESS 3943 FORSYTH ROAD
CITY-ST-ZIP WINTER PARK, FL 32792

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U00000401028
02/02/06-80028-012 150.00

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IN THIS SPACE**

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

Daytime Phone #