

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90044 026 \*\*\*150.00

**DOCUMENT # P03000054059**

1. Entity Name  
**KAUNITZ CONSTRUCTION, INC.**



Principal Place of Business

**4647 SANTA ROSA DRIVE  
PACE, FL 32571**

Mailing Address

**4647 SANTA ROSA DRIVE  
PACE, FL 32571**

**40014201**



01312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**73-1670446**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KAUNITZ, RALPH L  
4647 SANTA ROSA DRIVE  
PACE, FL 32571**

**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

**RALPH L KAUNITZ**

**2-1-06**

(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	D
NAME	KAUNITZ, RALPH L
STREET ADDRESS	4647 SANTA ROSA DRIVE
CITY-ST-ZIP	PACE, FL 32571
TITLE	D
NAME	<del>KAUNITZ, MARC L</del>
STREET ADDRESS	<del>5221 AVENIDA DEL FUEGO</del>
CITY-ST-ZIP	<del>MILTON, FL 32570</del>
TITLE	D
NAME	<del>KAUNITZ, CHAD E</del>
STREET ADDRESS	<del>5207 AVENIDA DEL FUEGO</del>
CITY-ST-ZIP	<del>MILTON, FL 32570</del>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DELETE**

**DELETE**

**DO NOT WRITE  
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:

**RALPH L KAUNITZ**

Date

Daytime Phone #

**850-**