


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90022 030 ***150.00

DOCUMENT # P03000104199	
1. Entity Name ACCURATE RELIABLE CONSTRUCTION CORPORATION	

Principal Place of Business 6507 SE 174TH PLACE SUMMERFIELD, FL 34491	Mailing Address 6507 SE 174TH PLACE SUMMERFIELD, FL 34491
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2. Principal Place of Business 130 N. Florida Ave Suite, Apt. #, etc.	3. Mailing Address P.O. Box 194 Suite, Apt. #, etc.
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City & State Inverness FL	City & State Hernando FL
Zip 34453 Country USA	Zip 34442 Country USA

6. Name and Address of Current Registered Agent HUBBARD, MICHAEL 6507 SE 174TH PLACE SUMMERFIELD, FL 34491	
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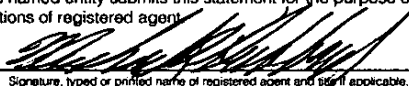
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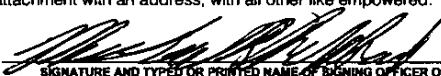
4. FEI Number 20-0253556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name Michael Hubbard	
Street Address (P.O. Box Number is Not Acceptable) 4011 E Berry St	
City Inverness	FL Zip Code 34453

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 	DATE 7/11/06

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUBBARD, MICHAEL 6507 SE 174TH PLACE SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael Hubbard 4011 E Berry St Inverness, FL 34453 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUBBARD, MARK R 6507 SE 174TH PLACE SUMMERFIELD, FL 34491 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Mark Hubbard 4011 E Berry St Inverness FL 34453 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV ARMSTRONG, DENNY L 2101 S. COLONIAL AVENUE HOMOSASSA, FL 34448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Judy Hubbard 4011 E Berry St Inverness, FL 34453 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 7/11/06 Daytime Phone # 352 726-2041