

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000113761	
1. Entity Name CAPITAL CONSTRUCTION SERVICES SOUTH, INC.	

Principal Place of Business 1226 FERN STREET COCOA, FL 32922 US	Mailing Address 1226 FERN STREET COCOA, FL 32922 US
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03022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0488860	Applied For ☐ Not Applicable
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6. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRAVERMAN, STEVEN 8751 W. BROWARD BOULEVARD SUITE 206 FORT LAUDERDALE, FL 33324

**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 _____ DATE _____
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reappointing)

**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**

000000548162
05/12/06-80052-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD THIEL, WILLIAM G JR. 1226 FERN STREET COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RONK, GREGORY 5500 MILITARY TRAIL, SUITE 22-291 JUPITER, FL 33459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REED, KEVIN 3234 SLEPPY HOLLOW DRIVE W. PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

William Thiel **William Thiel** 4/24/06 (321) 432-4898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #