## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000117020

City-St-Zip: OCALA, FL 34471

Entity Name: CHARLES VACHON CONSTRUCTION INC.

FILED May 01, 2006 Secretary of State

•								
Current Principal Place of Business:				New Principal Place of Business:				
3594 SE 5				3423 E SILVER SPRINGS BLVD				
OCALA, F	L 34471 U	5		5 OCALA, FL	34470 US			
Current Mailing Address:				New Mailing Address:				
3594 SE 54TH AVE			3423 E SILVER SPRINGS BLVD					
OCALA, F	L 34471 U	3		5 OCALA, FL 34470 US				
FEI Number	: 20-0315620	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certific	ate of Status D	esired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
VACHON, 3594 SE 5 OCALA, F		6						
	named entity e of Florida.	submits this statement for the p	ourpose o	f changing i	ts register	ed office or	registered aç	gent, or both,
SIGNATUI	RE:							
	Electro	nic Signature of Registered Age	ent	Date				
		3(2)(b), F.S., the corporation did no	ot receive t	he prior notic	e.			
OFFICER	S AND DIREC	TORS:		ADDITION	IS/CHANG	SES TO OF	FICERS ANI	DIRECTORS
Title: Name: Address: City-St-Zip:	PD ( VACHON, CHA 3594 SE 54TH OCALA, FL 34	AVE		Title: Name: Address: City-St-Zip:		()Change	( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( VACHON, VICK 3594 SE 54TH OCALA, FL 34	AVE		Title: Name: Address: City-St-Zip:	VD VACHON, 3594 SE 5 OCALA, FI	VIČKY 4TH AVE	( ) Addition	
Title: Name:	D ( VACHON, BRIA			Title: Name:		( ) Change	( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHARLES VACHON PD 05/01/2006