

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90350 024 \*\*\*150.00

DOCUMENT # P03000123707

1. Entity Name  
ARCHER CONSTRUCTION COMPANY



Principal Place of Business  
912 CLOVERLEAF BLVD  
DELTONA, FL 32725 US

Mailing Address  
912 CLOVERLEAF BLVD  
DELTONA, FL 32725 US

2. Principal Place of Business

1200 Deltona Blvd  
Suite 12

City & State  
Deltona, FL

Zip  
32725

Country

3. Mailing Address

1200 Deltona Blvd  
Suite 12

City & State  
Deltona, FL

Zip  
32725

Country



03242006

Chg-P

CR2E034 (11/05)

4. FEI Number  
20-0359066

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ANDREW M  
912 CLOVERLEAF BLVD,  
DELTONA, FL 32725

7. Name and Address of New Registered Agent

Name  
Rodriguez, Andrew M  
Street Address (P.O. Box Number is Not Acceptable)

1200 Deltona Blvd., Suite 12  
City Deltona FL Zip Code 32725

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]*

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

(NOTE: Registered Agent signature required when reinstating)

3-30-06

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 PD  
NAME RODRIGUEZ, ANDREW M ☐ Delete  
STREET ADDRESS 912 CLOVERLEAF BLVD.  
CITY-ST-ZIP DELTONA, FL 32725

TITLE VD  
NAME RODRIGUEZ, CARA ☐ Delete  
STREET ADDRESS 912 CLOVERLEAF BLVD.  
CITY-ST-ZIP DELTONA, FL 32725

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-06

Date

407-383-3898

Daytime Phone #