


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000127639*		
1. Entity Name ENDEAVOR CONSTRUCTION, INC.		
Principal Place of Business 3340 GRANT RD GRANT, FL 32949	Mailing Address 3340 GRANT RD GRANT, FL 32949	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DOUGLAS, TROY S 3340 GRANT RD GRANT, FL 32949		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, TROY S 3340 GRANT RD GRANT, FL 32949	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, BRANDY S 3340 GRANT RD GRANT, FL 32949	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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: <u>Brandy Douglas</u> 1/18/06 321-768-1508 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2134076	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

100000343512
01/25/06-80024-013 158.75

**DO NOT WRITE
IN THIS SPACE**