


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90144 050 \*\*\*150.00

<b>DOCUMENT # P03000128102</b>		
1. Entity Name <b>STETTINIUS CONSTRUCTION INC.</b>		

Principal Place of Business <b>533 AVE A NE WINTER HAVEN, FL 33881</b>	Mailing Address <b>533 AVE A NE WINTER HAVEN, FL 33881</b>
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2. Principal Place of Business <b>452 Lake Daisy Dr</b>	3. Mailing Address <b>452 Lake Daisy Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Winter Haven, FL</b>	City & State <b>Winter Haven, FL</b>
Zip <b>33884</b>	Country <b>USA</b>
Zip <b>33884</b>	Country <b>USA</b>



03172006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0425231</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>STETTINIUS, MICHAEL 533 AVE A NE WINTER HAVEN, FL 33881</b>		
7. Name and Address of New Registered Agent Name <b>Stettinius, Michael</b> Street Address (P.O. Box Number is Not Acceptable) <b>452 Lake Daisy Dr</b> City <b>Winter Haven</b> FL Zip Code <b>33884</b>		

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

(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STETTINIUS, MICHAEL</b> <b>533 AVE A NE</b> <b>WINTER HAVEN, FL 33881</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Stettinius, Michael</b> <b>452 Lake Daisy Dr</b> <b>Winter Haven FL 33884</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>STETTINIUS, SHELLEY</b> <b>533 AVE A NE</b> <b>WINTER HAVEN, FL 33881</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Stettinius, Shelley</b> <b>452 Lake Daisy Dr</b> <b>Winter Haven FL 33884</b> <input checked="" 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
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/06**

Date

**863-289-0776**

Daytime Phone #