



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90030 005 ***150.00

DOCUMENT # P03000144738 1. Entity Name PLANTARA CONSTRUCTION CORPORATION					
Principal Place of Business 1618 OVERLOOK DR TARPON SPRINGS, FL 34688			Mailing Address 1618 OVERLOOK DR TARPON SPRINGS, FL 34688		
2. Principal Place of Business PO Box 936 Suite, Apt. #, etc.		3. Mailing Address PO Box 936 Suite, Apt. #, etc.			
City & State Tarpon Springs FL		City & State Tarpon Springs FL		4. FEI Number 20-0440553	
Zip 34688		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLLING, PHILLIP L 1618 OVERLOOK DR TARPON SPRINGS, FL 34688			7. Name and Address of New Registered Agent Name Phillip L. Bolling Street Address (P.O. Box Number is Not Acceptable) 1039 Jambalana Ave City Houma FL Zip Code 34691		
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 Phillip L. Bolling DATE 2-10-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME BOLLING, PHILLIP L		TITLE 	NAME 	
STREET ADDRESS 1618 OVERLOOK DR	CITY-ST-ZIP PO Box 936 TARPON SPRINGS, FL 34688		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME CARROLL, JESSE W		TITLE 	NAME 	
STREET ADDRESS 6142 JACKSON STREET	CITY-ST-ZIP 1236 Center Hwy NEWPORT RICHEY, FL 34662		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME Tarpon Springs FL		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 34688		STREET ADDRESS 	CITY-ST-ZIP 	
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STREET ADDRESS 	CITY-ST-ZIP 		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: Phillip L. Bolling <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2-10-06 Daytime Phone # 727-946-5278		