2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

DOCUMENT # P03000147264 1. Entity Name FRED L KUPPERMAN CONTRACTORS, INC.						ny or state
8339 DAFFII	N LN	Mailing Address 8339 DAFFIN LN JACKSONVILLE, FL 32217				## ### #### ##### #### ###############
C	O NOT WRITE I	CE	04262006 No Chg-P CR2E034 (11/05) 4. FEI Number			
KUPPERMAN, FRED L 8339 DAFFIN LN JACKSONVILLE, FL 32217			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 Signature. Typed or printed name of registered agent and title if applicable. INOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				i.00 May 8e 05/12/06-80006-017 150.00		
HILE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PD KUPPERMAN, FRED L 8339 DAFFIN LANE JACKSONVILLE, FL 32217	CTORS				
Title Name Street adoress City-S1-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WE	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPA	/CE
name Street address City-St-Zr						
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 suppliemental 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.						