## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000148915

Address:

City-St-Zip:

Entity Name: ARM AND HAMMER CONSTRUCTION, INC.

FILED Jan 20, 2006 Secretary of State

Littly Nai	IIIC. ARIVIAN	ID HAIVIIVILK CONSTRUCTION	v, iivo.				
Current Principal Place of Business:				New Principal Place of Business:			
35 E HAZE ORLANDO	EL D, FL 32804	US		1115 W SN ORLANDO	MITH ST ), FL 32804	US	
Current Mailing Address:				New Mailing Address:			
35 E HAZE ORLANDO	EL D, FL 32804	US		1115 W SN ORLANDO	MITH ST D, FL 32804	US	
FEI Number	: 83-0381258	FEI Number Applied For()	FEI Num	ber Not Appl	licable ( )	Certificate of Stat	tus Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1201 HAYS TALLAHAS The above	S STREET SSEE, FL 323	CE COMPANY 301 US submits this statement for the	purpose of	changing i	ts registered	office or registere	ed agent, or both,
SIGNATU							
SICIVATO		nic Signature of Registered Ag	jent			Date	
Election Car	mpaign Financii	ng Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PTD ( WILCOX, HEA 35 E HAZEL S ORLANDO, FI	ST.		Title: Name: Address: City-St-Zip:	PD ( WILCOX, HE 1115 W SMIT ORLANDO, F	TH ST	on
Title: Name: Address: City-St-Zip:	VSD ( JENKINS, BRI 35 E HAZEL S ORLANDO, FI	ST.		Title: Name: Address: City-St-Zip:	VD ( JENKINS, BR 1115 W SMIT ORLANDO, F	TH ST	on
Title: Name: Address: City-St-Zip:	(	) Delete		Title: Name: Address: City-St-Zip:	MARTOCCI, I	-APOPKA RD	on
Title: Name:	(	) Delete		Title: Name:	S (	( ) Change (X) Additio	on

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

318 17TH AVE

OCOEE, FL 34761

SIGNATURE: HEATHER WILCOX PD 01/20/2006