2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000155475

1. Entity Name

FRANCO CRISTIANO CONTRACTOR INC.



FILED Jan 31, 2006 08:00 AN Secretary of State

Principal Place of Business

9312 RAVEN DELL ST. ORLANDO, FL 32825 Mailing Address

9312 RAVEN DELL ST. ORLANDO, FL 32825

211



DO NOT WRITE IN THIS SPACE

01112006 No Chg-P

CR2E034 (11/05)

4. FEI Number 92-0198232

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

FRANCO, CRISTIANO 9312 RAVEN DELL ST. ORLANDO, FL 32825

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8. The above named entity submits this statement for the purpose of	f 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.	T.	
ALA. L. W. W.		

(NOTE, Registered Agent signature required when reinstaling)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees 180000411254 02/09/06-80069-022 150.00

DATE

10. OFFICERS AND DIRECTORS THEF FRANCO, CRISTIANO NAME STREET ADDRESS 9312 RAVEN DELL ST. CITY-ST-7IP ORLANDO, FL 32825 ٧P TITLE ISABEL, CRISTIANO NAME STREET ADDRESS 9312 RAVEN DELL ST. CITY-ST-ZIP ORLANDO, FL 32825 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 40 or Block 11 if changed, or on an externment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-06

832 5616

Date

Daytime Phone #