

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90070 013 \*\*\*150.00

**DOCUMENT # P04000000425**

1. Entity Name

**SQUEAK'S CONSTRUCTION, INC.**



Principal Place of Business

1020 SOUTH GOODMAN ROAD  
KISSIMMEE FL 34747  
US

Mailing Address

1020 SOUTH GOODMAN ROAD  
KISSIMMEE FL 34747  
US



2. Principal Place of Business

1020 S Goodman Rd

Suite, Apt. #, etc.

3. Mailing Address

1020 S Goodman Rd

Suite, Apt. #, etc.

City & State

KIS FLA

City & State

KISS FLA

Zip

34747

Country

OSCEOLA

Zip

34747

Country

OSCEOLA

4. FEI Number

54-2137548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

AUGENSTEIN, ALAN  
1020 SOUTH GOODMAN ROAD  
KISSIMMEE FL 34747

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Alan Augenstein*

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

(NOTE: Registered Agent signature required when reinstating)

4/27/2006

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **AUGENSTEIN, ALAN**  
STREET ADDRESS **1020 SOUTH GOODMAN ROAD**  
CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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:

*ALAN AUGENSTEIN Alan Augenstein* 4/27/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-624-1282