2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

AMIOAL ILLI VIII	
DOCUMENT # P04000011643	
1. Entity Name	

KORVANEN CONSTRUCTION CLEAN UP AND TRACTOR



Principal Place of Business

SERVICE, INC.

Mailing Address

3329 SOUTHEAST 16TH PLACE CAPE CORAL, FL 33904

3329 SOUTHEAST 16TH PLACE CAPE CORAL, FL 33904



DO NOT WRITE IN THIS SPACE

	<u>-</u>		-
4.	FEI Number		Applied For
	20-0520649	Г	Not App⊪cable
-	^^	==	

5. Certificate of Status Desired

No Chg-P

03232007

\$8.75 Additional Fee Required

CR2E034 (11/05)

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

8. The above named entity submits this statement for the purpose of changit

12/07 HIS SPACE

8.	The above named entity submits this statement for the purpose of changi
	the obligations of registered agent.

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

6. Name and Address of Current Registered Agent

OTE: Registered Agent signature required when reinstating

h, in the State of Florida. I am familiar with, and accept

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PTD
NAME	KORVANEN, STEVE G
STREET ADDRESS	3329 SOUTHEAST 16TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VSD
NAME	KORVANEN, DIANE
STREET ADDRESS	3329 SOUTHEAST 16TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TILLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. Thereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-07 239-549-5662