## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 10, 2005 8:00 am Secretary of State

DOCUMENT # P0400028796  1. Entity Name STR8LINE CONSTRUCTION, INC.					01-10-2005 90021 027 ***150.00				
Principal Place	e of Business	Mailing Address	Mailing Address				-,		
1512 BRAMAN AVENUE FORT MYERS, FL 33901			1512 BRAMAN AVENUE Fort Myers, FL 33901				DU	0012	l 4∋
FORT WITERS	, FL 33901	TORT WILKS, IL 3350	U I			08114 B(015 BG(4) 08111 0811			
2 Principal P	lace of Business	3. Mailing Address							
2. Principal Place of Business		9. Mailing Address	5. Walling Address			BORLEIBU DAN TON BON		LIII 1 <b>3.6.6 19.11 C</b> iii -	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01052005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State	City & State		4. FEI Numbe	04204-	 74	<del></del>	plied For t Applicable
Zip	Country	Zip	Zip Country		5 Certificate	of Status Desired	/ <b>v</b> o	\$8.75 Add	
	6 Name and Address of Cur	ant Poulatored Agent	<u> </u>					Fee Required	1
6. Name and Address of Current Registered Agent				ne	7. Name and	Address of New R	egistered	Agent	
	K, CHARLES W	e e e e e e e e e e e e e e e e e e e	Street Address		P.O. Boy Numbe	er is Not Acceptable	<del></del>		. ] * 1"
1512 BRAMAN AVENUE FORT MYERS, FL 33901				et Address (	T.O. DOX NUMBE	is Not Acceptable	, <del></del>		
, .«	1								
		• • • • •	City	, ,	· -		FL	Zip Code	9
	named entity submits this stateme	nt for the purpose of changing its	registered offi	ce or register	ed agent, or bot	h, in the State of Flo	rida. I am	familiar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE	<u> </u>	and and the Tanasana and the Alexander	T. B				D.175		
	Signature, typed or printed name of registered	agent and site if applicable. (NOT	E: Registered Agent	signature required	when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$5	9. Election Campa  Trust Fund Cont			.00 May.Be ed to Fees		•		
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
FITLE	D	☐ Delete	TITLE	D				Change	Addition
NAME STREET ADDRESS	FLANJACK, CHARLES W 1512 BRAMAN AVENUE		NAME STREET ADDR	Fla.	yack, L	avio, W.			
CITY-ST-ZIP	FORT MYERS, FL 33901		CITY-ST-ZIP	173 Fo	50 Devon	e Lane s FG 33	913		
TITLE		☐ Delete	TITLE -		1111111111	<u> </u>		☐ Change	Addition
NAME	-154 page1		NAME						
CITY-ST-ZIP	1200		STREET ADDI		,				
TITLE	102-16-8 P	☐ Delete	IIILE					☐ Change	☐ Addilion
NAME			NAME		-	-		,	- Addition
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CITY-ST-ZIP		<del>(</del>	CITY+ST-Z(P	<u>'</u>		· · · · · · · · · · · · · · · · · · ·			
TITLE NAME		☐ Delete	TITLE NAME		•			Change	☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	•					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDI	BESS				141.°	11 (4.4)
CITY-SI-ZIP			CITY-ST-ZIP					*****	e) it laar
TITLE		☐ Delete	IIILE	:		_		☐ Change	Addition
NAME OVERT ARRESTO			NAME						
STREET ADDRESS CHTY-ST-ZIP			STREET ADDI	i					
	L certify that the information supplied	I with this filing does not qualify fo			ection 119.07(3)(	i), Florida Statutes.	further ce	rtify that the ir	nformation
indicated of the cor changed	certify that the information supplied fon this report or supplemental reproporation or the receiver or trustee poration or the receiver or trustee or on an attachment with any address.	ort is true and accurate and that is empowered to execute this report ess, with all orner live en powered	my signature s t as required by 1,	hall have the y Chapter 60	same legal effect 7, Florida Statute	t as if made under e s; and that my nam	oath; that i e appears	am an officer in Block 10 or	or director Block 11 if

W. Type Charles W. Flanjack 1-5-05 (239) 277-1116x31

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR