


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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|--|--|---------|--|---|--|--|--|
| DOCUMENT # P04000032116 1. Entity Name NEW ENGLAND FAMILY ENTERPRISES CONTRACTING, INC. | | | |  | | FILED 06 AUG -9 PM 12:31 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 3801 N US 1 BUNNELL, FL 32110 | | | | Mailing Address 6 WESTLAND PL PALM COAST, FL 32164 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent AGIAR, PAUL 6 WEST LAND PLACE PALM COAST, FL 32164 | | | | 7. Name and Address of New Registered Agent Name Conceicao Aguiar Street Address (P.O. Box Number is Not Acceptable) 6 Westland Place City Palm Coast FL Zip Code 32164 | | | |
| 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 Conceicao Aguiar <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| Amended AR is \$61.25 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE PS <input type="checkbox"/> Delete NAME AGUIAR, CONCEICAO STREET ADDRESS 6 WESTLAND PLACE CITY-ST-ZIP PALM COAST, FL 32164 | | | | TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Lerina Homen STREET ADDRESS 6 Westland Place CITY-ST-ZIP Palm Coast, FL 32164 | | | |
| TITLE VT <input checked="" type="checkbox"/> Delete NAME AGIAR, PAUL STREET ADDRESS 6 WESTLAND PL CITY-ST-ZIP PALM COAST, FL 32164 | | | | TITLE Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Michelle Torres STREET ADDRESS 6 Westland Place CITY-ST-ZIP Palm Coast, FL 32164 | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
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| 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: Conceicao Aguiar <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | |
| <small>Date Daytime Phone #</small> | | | | | | | |