


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90092 021 \*\*\*150.00

**DOCUMENT # P04000039168**

1. Entity Name  
**KSI CONSTRUCTION, INC.**



Principal Place of Business      Mailing Address

**720 NORTH INDIANA AVENUE**      **720 NORTH INDIANA AVENUE**  
**ENGLEWOOD, FL 34223**              **ENGLEWOOD, FL 34223**

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2. Principal Place of Business      3. Mailing Address

**1460 S McCall Rd**              **1460 S McCall Rd**  
 Suite, Apt. #, etc.              Suite, Apt. #, etc.  
**Suite 1H**                          **Suite 1H**  
 City & State                      City & State  
**Englewood FL**                  **Englewood FL**  
 Zip                                  Zip                                  Country  
**34223**                              **34223**                              **USA**

04102006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

**20-0805406**               Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**8. Name and Address of Current Registered Agent**

**DICKINSON, ROBERT A**  
**460 SOUTH INDIANA AVENUE**  
**ENGLEWOOD, FL 34223**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P WHITE, MATTHEW W 720 NORTH INDIANA AVENUE ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLS, RANDALL E 720 NORTH INDIANA AVENUE ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITE, MATTHEW 1675 Lemon Bay Rd Englewood FL 34223	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLS, RANDALL E <del>1675 Lemon Bay Rd</del> 206 ROTONDA BLVD E Rotonda West FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Matthew White      Date: 4-14-06      Daytime Phone #: 941-474-4584  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR