## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P04000039168**

KSI CONSTRUCTION, INC.



**FILED** Jan 19, 2007 08:00 AM Secretary of State

Principal Place of Business

1460 S MCCALL RD

STE 1H

STREET ADDRESS

ENGLEWOOD, FL 34223

Mailing Address

1460 S MCCALL RD

STE 1H

ENGLEWOOD, FL 34223



01172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0805406 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SDACE

				IN THIS STACE		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	Lurpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	. Signature, typed or printed name of registered agent and little	il applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DP WHITE, MATTHEW 1675 LEMON BAY RD ENGLEWOOD, FL 34223 VP MILLS, RANDALL E 206 ROTONDA BLVD, E ROTANDA WEST, FL	TORS	DO		U00000592272 01/19/07-80055-025 15000 NOT WRITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE				IN <sup>-</sup>	THIS SPACE	
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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.

Lather White Provident 1-17-07 941-474-4584 SIGNATURE: