2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)							Apr 03, 2006 08:00 AM				
DOCUMENT # P04000041560 1. Entity Name							Secret	ary of	State	e	
A. MART	INI ALUMI	NUM CONTRAC	CTORS, INC.			7					
Principal Place of Business			Mailing Address	Mailing Address							
2449 46TH AVENUE N ST. PETERSBURG FL 33714				2449 46TH AVENUE N ST. PETERSBURG FL 33714) harm	man m sami sian sama	B ell Ma ett an tte atmu t o	are real root t	iā::55) ii (65)	
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2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite. Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			MOORE	CR2E034	(10/05)		
City & State			City & State	City & State		4. FEI Numb	^{e/} 57-12009	30	√	pplied Fo	
Zip	Zip Country		Zıp	Zip Cour		5. Certificate	5. Certificate of Status Desired				
	5. Name	and Address of Curr	ent Registered Agent		I	7. Name and	Address of New	Registered A	gent		
NA DYINA A DTUMB E					Name						
MARTINI, ARTHUR F 2449 46TH AVENUE N					Street Addre	ss (P.O. Box Numb	er is Not Accepta	ble)			
ST. PETERSBURG FL 33714											
					City			FL	Zip Cod	de	
	e named entity		it for the purpose of changing	its register	ed office or regi	stered agent, or bo	th, in the State of	Florida. I am fa	umiliar with	, and accr	
SIGNATURE	Signature, typed o	r printed name of registered as	gent and title if applicable (NOTE Registere	id Agent signatura req	ured when reinstaling)		DATE			
		FEE IS \$150.00					9. Election Carr	paign Financin	ng \$ 5	.00 May !	
		6 Fee Will Be \$550 Florida Departmen					Trust Fund C	ontribution.		led to Fees	
10.		OFFICERS A	NO DIRECTORS	11.		ADDITIONS	CHANGES TO O				
TITLE	PD	Port in the C	☐ Delete	317					Change	☐ Addis	
NAME STREET ADDRESS	MARTINI, A 2449 46TH		NAN Siri	ET ADDRESS	U00000489834						
City-St-ZIP	1	BURG FL 33714		CsF			04/18/06-80031-017 150.00			50.00	
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STREET ADDRESS CHY-SI-IP					£I ADDRESS •SI-ZIP						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path, 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: _

3/30/06 727-525-76

FILED