

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90097 016 ***150.00

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1. Entity Name

KESTREL CONSTRUCTION, CORP.



Principal Place of Business

1876 WAKULLA ARRON RD
CRAWFORDVILLE FL 32327

Mailing Address

1876 WAKULLA ARRON RD
CRAWFORDVILLE FL 32327

2. Principal Place of Business

975 LOWER BRIDGE ROAD

Suite, Apt. #, etc.

3. Mailing Address

975 LOWER BRIDGE ROAD

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE, FL.

City & State

CRAWFORDVILLE, FL.

Zip

32327

Country

USA

Zip

32327

Country

USA

4. FEI Number

20-0847650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHAMPANY, REX E
1876 WAKULLA ARRON RD
CRAWFORDVILLE FL 32327**

7. Name and Address of New Registered Agent

Name **REX E. CHAMPANY**

Street Address (P.O. Box Number is Not Acceptable)

975 LOWER BRIDGE ROAD

City **CRAWFORDVILLE**

FL

Zip Code

32327

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

Signature typed or printed name of registered agent and title if applicable

PRESIDENT

1.25.06

DATE

(NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CHAMPANY, REX E**
STREET ADDRESS **1876 WAKULLA ARRON RD**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **CHAMPANY, REX E.**
STREET ADDRESS **975 LOWER BRIDGE ROAD**
CITY-ST-ZIP **CRAWFORDVILLE, FL. 32327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Signature typed or printed name of signing officer or director

REX E. CHAMPANY

1.25.06

850-766-2696