

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 31, 2006 8:00 am**  
**Secretary of State**

08-31-2006 90002 027 \*\*\*150.00

**DOCUMENT # P04000050326**

1. Entity Name  
**MIRROP CONSTRUCTION & HOLDINGS, INC.**



Principal Place of Business  
**PO BOX 451  
SAN ANTONIO, FL 33527 US**

Mailing Address  
**PO BOX 451  
SAN ANTONIO, FL 33527 US  
33576**

2. Principal Place of Business  
**31825 Roxanne Way**

3. Mailing Address  
**P.O. Box 451**



Suite, Apt. #, etc.

Suite, Apt. #, etc.

08162006 Chg-P CR2E034 (11/05)

City & State  
**Dade City**

City & State  
**SAN ANTONIO, FL**

4. FEI Number  
**20-0917050**

Applied For  
Not Applicable

Zip  
**33525**

Country  
**USA**

Zip  
**33576**

Country  
**PASCO**

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

## 6. Name and Address of Current Registered Agent

**MIRROP, MARK V  
PO BOX 451  
SAN ANTONIO, FL 33527  
33576**

## 7. Name and Address of New Registered Agent

Name —

Street Address (P.O. Box Number is Not Acceptable)  
**31825 Roxanne Way**

City  
**Dade City**

FL

Zip Code  
**33525**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MIRROP, MARK V  
PO BOX 451  
SAN ANTONIO, FL 33527** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**Zip 33576**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mark Mirrop**

**8-17-06**

**813-355-7475**

Date

Daytime Phone #