


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000072802 1. Entity Name A P H S CONSTRUCTION, INC.	
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Principal Place of Business 443 LAKE HARRIS DR LAKELAND, FL 33813 US	Mailing Address 443 LAKE HARRIS DR LAKELAND, FL 33813 US
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DO NOT WRITE IN THIS SPACE



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0722856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBINSON, HARRY T 443 LAKE HARRIS DR LAKELAND, FL 33813
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IN THIS SPACE**

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
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	VP ROBINSON, HARRY T 443 LAKE HARRIS DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WILSON, MURRAY K 443 LAKE HARRIS DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ROBINSON, KAY M 443 LAKE HARRIS DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES WILSON, MARCIA 443 LAKE HARRIS DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000498056
04/22/06-80079-010 150.00

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IN THIS SPACE**

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: Murray K. Wilson MURRAY K. Wilson 4/5/06 863860 9109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #