2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074719

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

JACKSONVILLE, FL 32210

() Delete

FILED Apr 27, 2005 Secretary of State

Entity Nar	me: FACILITY	CONSTRUCTION CORF	PORATION				
Current Principal Place of Business:				New Principal Place of Business:			
580 COLLI JACKSON	EGE ST. VILLE, FL 32:	204					
Current Mailing Address:				New Mailing Address:			
580 COLLI JACKSON	EGE ST. VILLE, FL 32:	204					
FEI Number:	: 20-1127776	FEI Number Applied For () FEI Nun	nber Not Appl	icable ()	Certificate of Status Desire	ed ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
580 COLLÍ	, BRENT S EGE ST. VILLE, FL 32:	204 US					
	named entity e of Florida.	submits this statement for	the purpose o	f changing i	ts registere	ed office or registered agent,	or both,
SIGNATUF	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financin	g Trust Fund Contribution ()					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	NETTLES, BRI 1025 PEBBLE JACKSONVILL	RIDGE DR. E, FL 32220		Title: Name: Address: City-St-Zip:	VD NETTLES, 1025 PEBE JACKSONV	(X) Change () Addition BRENT S BLE RIDGE DR. FILLE, FL 32220	
Title: Name: Address: City-St-Zip:	VD (NETTLES, JAN 5719 FT. SUM JACKSONVILL	TER RD.		Title: Name: Address: City-St-Zip:		(X) Change () Addition JAMES S UMTER RD. /ILLE, FL 32210	
Title: Name: Address:	VD (MILLER, LLOY 1641 LOYOLA			Title: Name: Address:	VD LEACH, MI 1625 EUCL	(X) Change()Addition CHAEL R ID STREET	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

VD

Title:

Name:

Address:

City-St-Zip:

JACKSONVILLE, FL 32210

JACKSONVILLE, FL 32246

2431 THE WOODS DRIVE EAST

BRIAN, SOULBY R

() Change (X) Addition

SIGNATURE: BRENT NETTLES VD 04/27/2005