2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074719

City-St-Zip:

JACKSONVILLE, FL 32246

Entity Name: FACILITY CONSTRUCTION CORPORATION

FILED May 01, 2006 Secretary of State

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
580 COLLE JACKSON\	GE ST. /ILLE, FL 322	04				
Current Ma	ailing Addres	s:	New Maili	New Mailing Address:		
580 COLLE JACKSON\	GE ST. /ILLE, FL 322	04				
FEI Number:	20-1127776	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
NETTLES, 580 COLLE JACKSON\		04 US				
The above in the State		submits this statement for the pur	rpose of changing i	ts registered of	fice or registered agent, or both,	
SIGNATUR	E:					
	Electron	ic Signature of Registered Agen	t		Date	
		3(2)(b), F.S., the corporation did not r g Trust Fund Contribution ().	eceive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VD () NETTLES, BRE 1025 PEBBLE F JACKSONVILLE	RIDGE DR.	Title: Name: Address: City-St-Zip:	PD (X) NETTLES, BREI 1025 PEBBLE F JACKSONVILLE	RIDGE DR.	
Title: Name: Address: City-St-Zip:	PD () NETTLES, JAMI 5719 FT. SUMT JACKSONVILLE	ER RD.	Title: Name: Address: City-St-Zip:	VD (X) NETTLES, JAMI 5719 FT. SUMT JACKSONVILLE	ER RD.	
Title: Name: Address: City-St-Zip:	VD (X) LEACH, MICHAI 1625 EUCLID S JACKSONVILLE	TREET	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address:	BRIAN, SOULB	Delete Y R DDS DRIVE EAST	Title: Name: Address:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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:

SIGNATURE: BRENT NETTLES PD 05/01/2006