

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084522

FILED
May 02, 2007
Secretary of State

Entity Name: S. CARLSON CONSTRUCTION, INC.

Current Principal Place of Business:

9760 MAGNOLIA BLOSSOM DR.
TAMPA, FL 33626 US

New Principal Place of Business:

12528 SHADOW RIDGE BLVD
HUDSON, FL 34669 US

Current Mailing Address:

9760 MAGNOLIA BLOSSOM DR.
TAMPA, FL 33626 US

New Mailing Address:

12528 SHADOW RIDGE BLVD
HUDSON, FL 34669 US

FEI Number: 20-1175779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, SHANE M
9760 MAGNOLIA BLOSSOM DR.
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: CARLSON, SHANE M
Address: 9760 MAGNOLIA BLOSSOM DR
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: CARLSON, SHANE M
Address: 12528 SHADOW RIDGE BLVD
City-St-Zip: HUDSON, FL 34669 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: SHANE M. CARLSON

PST

05/02/2007

Electronic Signature of Signing Officer or Director

Date