

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000093974

Entity Name: PLEIMAN CONSTRUCTION CO.

FILED
Nov 15, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 1775
TRENTON, FL 32693

New Principal Place of Business:

Current Mailing Address:

PO BOX 1775
TRENTON, FL 32693

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLEIMAN, JACOB
79 SE 95TH PLACE
TRENTON, FL 32693 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PLEIMAN, JACOB
Address: PO BOX 1775
City-St-Zip: TRENTON, FL 32693

Title: V () Delete
Name: PLEIMAN, HEATHER
Address: PO BOX 1775
City-St-Zip: TRENTON, FL 32693

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: LORD, KEVIN
Address: 255 SE 653 ST
City-St-Zip: OLD TOWN, FL 32680

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.

SIGNATURE: JACOB PLEIMAN

P

11/15/2005

Electronic Signature of Signing Officer or Director

Date