


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90256 030 ***150.00

DOCUMENT # P04000104419			
1. Entity Name GRELL CONSTRUCTION, INCORPORATED			
Principal Place of Business 533 SOUTH DIXIE HWY. RM 201 DEERFIELD BEACH, FL 33441		Mailing Address 533 SOUTH DIXIE HWY. RM 201 DEERFIELD BEACH, FL 33441	
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 1515</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Pompano Beach, FL</i>	
City & State		City & State	
Zip	Country	Zip	Country
		<i>33061</i>	<i>USA</i>



01122006	Chg-P	CR2E034 (11/05)
4. FEI Number 83-0402061	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 BUTLER, REGIS 231 S.E. 9TH AVEN. APT. 3 POMPANO BEACH, FL 33060		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete BUTLER, REGIS 231 S.E. 9TH AVENUE APT. 9 POMPANO BEACH, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Leon Butler - Regis Butler* **1/17/06** **954-592-3824**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #