2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90022 034 ***150.00

DOCUMENT # P04000117942

1. Entity Name
KRACKER CONSTRUCTION INC

50057111

Principal Place of Business	Mailing Address
1297 COTTON RD NE PALMBAY, FL 32905 US	1297 COTTON RD NE PALMBAY, FL 32905 US

2. Principal Place of Business	3. Mailing Address
1142 TOPLIFF Cir NE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bay Fl. 32907	City & State
Zip: 32907 Country: BREVARD	Zip / Country

07192005 Chg-P CR2E034 (10/03)

4. FEI Number 01-0819585 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLARY, MICHAEL L 2
1297 COTTON RD NE
PALMBAY, FL 32905

7. Name and Address of New Registered Agent

Name: CLARY MICHAEL L II
Street Address (P.O. Box Number is Not Acceptable): 1142 TOPLIFF CIR NE
City: Palm Bay, FL. FL Zip Code 32907

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____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARY, MICHAEL L 2 1297 COTTON RD NE PALMBAY, FL 32905	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Michael Lee Clary II 9/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #