


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000146044	
1. Entity Name RETREAT CONSTRUCTION CORPORATION	

Principal Place of Business 3450 W 84 ST # 201 HIALEAH GARDENS, FL 33018	Mailing Address 3450 W 84 ST # 201 HIALEAH GARDENS, FL 33018
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1836141	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 GRAVERAN, NELSON 3405 W 84TH ST - # 201 HIALEAH, FL 33018
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DO NOT WRITE IN THIS SPACE

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
After May 1, 2006 Fee will be \$550.00**

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

000000402226
02/02/06-80076-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GRAVERAN, NELSON 3450 W 84 ST, # 201 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAVERAN, ISABEL C 3450 W 84 ST, # 201 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAVERAN, JEANNIE 3450 W 84 ST, # 201 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06 305-557-1253
Date Daytime Phone