2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Mar 15, 2006 8:00 am **Secretary of State** DOCUMENT # P04000146811 1. Entity Name 03-15-2006 90107 014 ***150.00 **Z3 CONSTRUCTION INC** Principal Place of Business Mailing Address 27645 TIERRA DEL SOL LANE BONITA SPBINGS FL 34135 PO BOX 1116 BONITA SPRINGS FL 34133 2. Principal Place of Business 3. Mailing Address 26148 BONITA FAIRWAYS CIRCLE Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE BONITA SPRINGS Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired *34/33* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BOUTIN, ANDRE** Street Address (P.O. Box Number is Not Acceptable) 27645 TIERRA DEL SOL LN **BONITA SPRINGS FL 34135** City Zip Code 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, typed or printed riame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P57 TITLE **PST** Change . Delete TITLE ☐ Addition BOUTIN ANDRE 36 148 BONITA FAIRWAYS CIRCLE BOUTIN, ANDRE NAME NAME STREET ADDRESS 27645 TIERRA DEL SOL LANE STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34135** TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED