## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 15, 2006 8:00 am DOCUMENT # P04000146864 **Secretary of State** 03-15-2006 90088 022 \*\*\*150.00 CONSTRUCTION RESOURCE SERVICES, INC. Principal Place of Business Mailing Address 5000 U.S. HIGHWAY 17 5000 U.S. HIGHWAY 17 SUITE 18, #301 SUITE 18, #301 ORANGE PARK, FL 32003-8229 ORANGE PARK, FL 32003-8229 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-1913931 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRANT, ABRAHAM, REITER, ET AL, P.A. **50 NORTH LAURA STREET** Street Address (P.O. Box Number is Not Acceptable) **SUITE 2750** JACKSONVILLE, FL 32202 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) · • 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Change ■ Addition IĞNELZI, EMERIC JOSEPH NAME NAME STREET ADDRESS 5000 U.S. HIGHWAY 17, SUITE 18, #301 STREET ADDRESS CITY-ST-ZiP ORANGE PARK, FL 320038229 CITY-ST-ZIP ☐ Delete Change ☐ Addition HECHINGER, HERTA G. 5453 H AND R SUBDIVISION ROAD NAME HE HINGER, HERTA G 5453 H AND R SUBDIVISION ROAD STREET ADDRESS STREET ADDRESS BRAZORIA, TX 77422 CITY-ST-ZIP CITY-ST-ZIE BRAZORIA TX 77422 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

EMERIC J. IGNELZ!

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ATURE AND TYPED OFFRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/06

FILED

904-215-4271