## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 08, 2006 08:00 AM Secretary of State

DOCUMENT # P04000152035 t. Entity Name LOUIS GONZALEZ RESIDENTIAL BUILDS				·		
11748 LAKEWOOD DRIVE 11	ing Address 748 LAKEWOOD DRIVE DSON, FL 34669 US					
DO NOT WRITE IN THIS SPACE			02222006 No Chg-P CRZE034 (11/05)  4. FEI Number			Applied For Not Applicable  5 Additional
6. Name and Address of Current Register GONZALEZ, LOUIS 11748 LAKEWOOD DRIVE HUDSON, FL 34669	red Agent			NOT WI		
The above named entity submits this statement for the put the obligations of registered agent.  SIGNATURE  Signature, typed or provided name of registered agent and title 1 is		red office or register		in the State of Flor	rida. I am familia	with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		.00 May Be led to Fees			
10. OFFICERS AND DIRECT  IVILE D  NAME GONZALEZ, LOUIS  SIREET ADDRESS 11748 LAKEWOOD DRIVE  CITY-ST-2R HUDSON, FL 34669	ORS		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	459993	
TITLE VP NAME GONZALEZ, LOUIS SR. STREET ADDRESS 11735 LAKEWOOD DRIVE DITY-S1-21P HUDSON, FL 34669				100000 03/18/06-	80051-004	150.00
NAME STREET ADDRESS CITY-ST-ZIP			DO I	W TOP	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	HIS SP	ACE	
TITLE NAME STREET ADDRESS CVIY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•	

12. Thereby certify that the information supplied with this filling does not quality 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 it made under cath; 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.

THE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: