

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90001 001 \*\*\*150.00

<b>DOCUMENT # P04000154543</b> 1. Entity Name <b>FRETWELL &amp; ASSOCIATES CONSTRUCTION COMPANY</b>						
Principal Place of Business <b>215 INDIAN CREEK BLVD STE 120 DAYTONA BEACH, FL 32125</b>			Mailing Address <b>CPC21: 98 EBZPCBCEFD -GM43231</b>			
2. Principal Place of Business - No P.O. Box # <b>104 Lacosta Lane</b>		3. Mailing Address <b>PO Box 10987</b>				
Suite, Apt. #, etc. <b>Suite 120</b>		Suite, Apt. #, etc. 				
City & State <b>Daytona Beach, FL</b>		City & State <b>Daytona Beach, FL</b>				
Zip <b>32114</b>		Country <b>USA</b>		Zip <b>32120</b>		
Country <b>USA</b>		Country <b>USA</b>				
6. Name and Address of Current Registered Agent  <b>FRETWELL, MARVIN G 104 LACOSTA LANE STE 120 DAYTONA BEACH, FL 32114</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FRETWELL, MARVIN G 104 LACOSTA LANE STE 120 DAYTONA BEACH, FL 32114		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRETWELL, SUSAN R POB 10987 DAYTONA BEACH, FL 32114		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>32120</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Marvin G. Fretwell Pres</i></u> <b>2/11/08</b> <b>386-274-4445</b> Signature, typed or printed name of signing officer or director Date Daytime Phone #						