2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90085 016 ***150.00

ANNUAL REPORT					Secretary of State			
DOCUMENT # P04000157603 1. Entity Name ARTS OF CONSTRUCTION, INC.					04-02-2007 90085 016 ***150.00			
			}					
Principal Plac	ce of Business	Mailing Address		*	l and	****		
3313 S OSPREY AVENUE SARASOTA, FL 34239		3313 S OSPREY AVENUE SARASOTA, FL 34239				, -		
34239		SAIMSOTA, IL STESS			i i	5044 5163 5014 6614 6614		
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03222007	Chg-P	CR2E034 (12/06)	
City & State		City & State			4. FEI Numbe			pplied For
Zip Country		Zip Countr			20-188	8004		ot Applicable
	Country	Σιμ	Country	, 	5. Certificate	of Status Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Name /	7. Name and	Address of New Re	egistered Agent	
PREWETT, DANJELL					110m	NILA	motor	<u>i – </u>
5777 BEN SARASOT	EVA ROAD SOUTH	Wat and		Street Address (P.O. Box Number	or is Not Acceptable	# Trz.	//
7	Allen	LIED ONSTE	2/1		• , ,		/	
	Sarabi	Lichonster miani Tra tes F134	239	City S	27000	otz	FL Zip	£239
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/amiliar with, and accept the obligations of registered agent.								
1/29/02								
SIGNATURE Synatyre, typed or printegrame of registered agent and title if applicable. (NOTE Registered Agent signature required when rensistang) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE NAME	D MENGELBERG, JOHN E	☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS	3313 S OSPREY AVENUE			ADDRESS				
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST	T-ZIP				
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS	l l			ADDRESS				
CITY-ST-ZIP	☐ Delete		CHY-SI TITLE	T-ZIP			☐ Change	☐ Addition
NAME)		NAME				□ Change	E Montoon
STREET ADDRESS CITY-ST-ZIP			STREET	ADDRESS T-71P				
TITLE	Delete		TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME	LDDDGGG				_
STREET ADDRESS CITY-ST-ZIP			CITY-ST	ADDRESS T-ZIP				
HTLE	☐ Delete		TITLE			*11-20102-1-2012	☐ Change	Addition
NAME STREET ADDRESS			NAME SIREET	ADDRESS				
CITY-ST-Z(P			CITY-ST					
TITLE	☐ Delete		HILE			¥ ±	☐ Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS				
CJTY-ST-ZIP			CITY-ST					
12. I hereby indicated	certify that the information supplied with for this report or supplemental report in the research of the resea	n this filing does not quality to s true and accurate and that r	or the exem my signatur	ptions contained e shall have the	l in Chapter 119 same legal effec	, Florida Statutes. I it as if made under o	further certify that the in ath; that I am an officer	riformation or director
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.								
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