

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 29, 2008 8:00 am
Secretary of State

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01182008 Chg-P CR2E034 (12/06)

DOCUMENT # P04000166645 1. Entity Name F H FURMAN CONSTRUCTION INC					
Principal Place of Business 21326 COAKLEY LANE LAND O' LAKES, FL 34639 US			Mailing Address 21326 COAKLEY LANE LAND O' LAKES, FL 34639 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1992317	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VENABLE, VICKI J 6079 OLD PASCO RD WESLEY CHAPEL, FL 33544				7. Name and Address of New Registered Agent Name Francis H Furman III Street Address (P.O. Box Number is Not Acceptable) 6101 Old Pasco Rd. City Wesley Chapel FL Zip 33544	
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 name of registered agent and title if applicable) (Typed or printed name of registered agent and title if applicable) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P FURMAN, FRANCIS H III 6101 OLD PASCO RD WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VENABLE, MICHAEL J 6079 OLD PASCO RD WESLEY CHAPEL, FL 33544	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VENABLE, VICKI J 6079 OLD PASCO RD WESLEY CHAPEL, FL 33544	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:			Date: 1/18/08 Daytime Phone #: 813 949-0565		