


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90042 023 \*\*\*150.00

<b>DOCUMENT # P05000035516</b>	
1. Entity Name <b>DE ALBANY CONSTRUCTION COMPANY ,INC</b>	

Principal Place of Business <b>911 N MAIN ST 8 KISSIMMEE, FL 34744</b>	Mailing Address <b>911 N MAIN ST 8 KISSIMMEE, FL 34744</b>
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**60008104**



2. Principal Place of Business <b>3936 S. SEMORAN BLVD. Suite, Apt. #, etc. 261 City &amp; State ORLANDO, FL Zip 32822</b>	3. Mailing Address <b>3936 S. SEMORAN BLVD Suite, Apt. #, etc. 261 City &amp; State ORLANDO, FL Zip 32822</b>
Country <b>USA</b>	Country <b>USA</b>

01202006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2685669</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>BANUL, PASCUAL E 911 N MAIN ST 8 KISSIMMEE, FL 34744</b>		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5766 DOLPHIN DR.</b> City <b>ORLANDO</b> FL Zip Code <b>32822</b>		

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: PASCUAL BANULS 01-20-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$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	PD BANULS, PASCUAL 6032 BENT PINE BLVD., #3013 ORLANDO, FL 328226817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5766 DOLPHIN DR. ORLANDO, FL 32822</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PASCUAL, ALEJANDRO 6032 BENT PINE BLVD., #3013 ORLANDO, FL 328226817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BANULS, ALEJANDRO 5766 DOLPHIN DR. ORLANDO, FL 32822</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BANULS, CARLOS 6032 BENT PINE BLVD., #3013 ORLANDO, FL 328226817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5766 DOLPHIN DR. ORLANDO, FL 32822</b>
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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: PASCUAL BANULS 01-20-06 407-529-9841  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #