

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90243 011 ***150.00

DOCUMENT # P05000040066 1. Entity Name OBAKE CONSTRUCTION SERVICES, INC.			
Principal Place of Business 1412 N. 1ST STREET SUITE 104 JACKSONVILLE BEACH, FL 32250		Mailing Address 1412 N. 1ST STREET SUITE 104 JACKSONVILLE BEACH, FL 32250	
2. Principal Place of Business 408 Beach Blvd Suite, Apt. #, etc.		3. Mailing Address 408 Beach Blvd Suite, Apt. #, etc.	
City & State Jacksonville, FL Zip 32250		City & State Jacksonville, FL Zip 32250	
4. FEI Number 20-2229785		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04282006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent CATALFO, TIMOTHY J 1412 N. 1ST STREET SUITE 104 JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name Catalfo, Timothy J Street Address (P.O. Box Number is not acceptable) 390 S. First Street City Jacksonville Beach FL Zip Code 32250	
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 DATE 09.28.06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 CATALFO, TIMOTHY L 1412 N. 1ST STREET, SUITE 104 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 390 S. First Street Jacksonville Beach, FL 32250
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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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:		x 09.28.06 x 904339.0252 <small>Date Daytime Phone #</small>	