2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/6/2006-90038-032-$550.00-$550.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07162006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000044202

1. Entity Name
BESSINGER CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
2500 LEE ROAD UNIT 204 WINTER PARK, FL 32789	2500 LEE ROAD UNIT 204 WINTER PARK, FL 32789

2. Principal Place of Business	3. Mailing Address
531 Queensbridge Dr	531 Queensbridge Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE MARY Fl	City & State: LAKE MARY Fl
Zip: 32746 Country:	Zip: 32746 Country:

4. FEI Number: 20-2547700 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BESSINGER, JAMES A III
2500 LEE ROAD
UNIT 204
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name: BESSINGER, JAMES A. III
Street Address (P.O. Box Number is Not Acceptable): 531 Queensbridge Drive
City: LAKE MARY FL Zip Code: 32746

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: [signature] III DATE: 9-1-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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	P BESSINGER, JAMES A III 2500 LEE ROAD UNIT 204 WINTER PARK, FL 32789	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BESSINGER, JAMES A III 531 Queensbridge Drive LAKE MARY, Fl 32746	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] III 9-1-06 407-321-5669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/31 aw