2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 19, 2007 08:00 AM Secretary of State

ANNUAL REPORT					Jul 19, 2007 08:00			
DOCUI	MENT # P05000048	875				ecret	ary of Sta	
	CONSTRUCTION CORPOR	RATION		W. C.				
Principal Plac	e of Business	Mailing Address						
9805 SW 20		9805 SW 207TH CIRCLE						
DUNNELLON,	, FL 34431	DUNNELLON, FL 34431						
			<u> </u>					
DO NOT WRITE IN THIS SPA			^E	07062007	No Chg-P	CR2E03	4 (11/05)	
			V	4. FEI Numb 20-078			Applied For Not Applicable	
				5. Certificate	of Status Desired		8.75 Additional ee Required	
	6. Name and Address of Current R	legistered Agent		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
LEONARD, JAYSON				DO	NOT W	RITE		
9805 SW 207TH CIRCLE DUNNELLON, FL 34431			-		THIS SF			
				11.4	inis sr	ACE		
	named entity submits this statement for	the purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Fl	orida. I am ta	miliar with, and accept	
tue conget	ions of registered agent.				•			
SIGNATURE_	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE, Registere	d Agent signature required	when reinstaling)		DATE	9	
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Fina Due by September 14, 2007 Trust Fund Contribution.				.00 May Be led to Fees	-			
10.	OFFICERS AND D	DIRECTORS	I		<u> </u>			
TITLE	PTCD							
NAME Street address	LEONARD, JAYSON 9805 SW 207TH CIR				וחחחחוו	1526370		
CITY-ST-ZIP	DUNNELLON, FL 34431				07/19/07	-80010-	009 550.00	
TITLE	D					•		
NAME	LEONARD, MICHELLE							
STREET ADDRESS	9805 SW 207TH CIR							
CITY-ST-ZIP	DUNNELLON, FL 34431		1					
TITLE								
name Street address					MAT 14	S hard it will be	1	
CITY-ST-ZIP				DO	NOT W	KIIE	•	
TITLE			1	INI '	THIS SI	DACE		
NAME				11.4	11110 01	MOL		
STREET ADDRESS								
City-St-ZIP			4					
MILE								
NAME STREET ADDRESS			1					
CITY-ST-ZIP								
TITLE		14.3.3 19 . 66 44 47	1		•			
NAME			I					

12. I hereby certify that the information supplied with this filling 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 trastee 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SHONING OFFICER OR DIRECTOR

7-17-01

(352)522-1000

Daytime Phone #