

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-01-2006 90393 016 ***150.00

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1. Entity Name
ZIBECO CONSTRUCTION CORP.



Principal Place of Business
**4351 HIGHWAY 441 N
OKEECHOBEE, FL 34972 US**

Mailing Address
**4351 HIGHWAY 441 N
OKEECHOBEE, FL 34972 US**

66018509



2. Principal Place of Business

2240 NW 144th Dr
Suite, Apt. #, etc.

3. Mailing Address

2240 NW 144th Dr.
Suite, Apt. #, etc.

03312006 Chg-P CR2E034 (11/05)

City & State

Okeechobee, FL

City & State

Okeechobee, FL

4. FEI Number

203050454

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIMS, LAURA K
223 S. PARROTT AVENUE
OKEECHOBEE, FL 34974**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
RUCKS, CLINTON M
4351 HIGHWAY 441 N
OKEECHOBEE, FL 34974** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
RUCKS, Clinton M
2240 NW 144th Dr.
Okeechobee, FL 34972** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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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:

President

4-28-06 (863) 634-1478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #