2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102949

Entity Name: MCCART CONSTRUCTION COMPANY

FILED Apr 30, 2006 Secretary of State

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Current P	rincipal Place of Business:	New Principal Place of Business:	
738 LANTA CLEARWA	NNA AVE ITER BEACH, FL 33767	BOX 16733 CLEARWATER, FL 33766	
Current Mailing Address:		New Mailing Address:	
738 LANTANA AVE CLEARWATER BEACH, FL 33767		BOX 16733 CLEARWATER, FL 33766	
FEI Number:	FEI Number Applied For()	FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:	
738 LANTA CLEARWA	TER BEACH, FL 33767 US		
	named entity submits this statement for the p of Florida.	rpose of changing its registered office or registered agent, or	both,
SIGNATUR	RE:		
	Electronic Signature of Registered Age	t Date	
Election Can	npaign Financing Trust Fund Contribution ().		
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTOR
Title: Name: Address: City-St-Zip:	P/D () Delete MCCART, KIMBERLY 738 LANTANA AVE CLEARWATER BEACH, FL 33767	Title: P (X) Change () Addition Name: MCCART, KIMBERLY Address: P.O. BOX 16733 City-St-Zip: CLEARWATER, FL 33766	
Title: Name: Address: City-St-Zip:	VP/T () Delete MCCART, KIMBERLY 738 LANTANA AVE CLEARWATER BEACH, FL 33767	Title: VP (X) Change () Addition Name: MCCART, J Address: P.O. BOX 16733 City-St-Zip: CLEARWATER, FL 33766	
Title: Name: Address: City-St-Zip:	S () Delete MCCART, KIMBERLY 738 LANTANA AVE CLEARWATER BEACH, FL 33767	Title: S (X) Change () Addition Name: MCCART, LACEY Address: P.O. BOX 16733 City-St-Zip: CLEARWATER, FL 33766	
Title: Name: Address: City-St-Zip:	() Delete	Title: T () Change (X) Addition Name: ROACH, MICHEAL Address: P.O. BOX 16733 City-St-Zip: CLEARWATER, FL 33766	
Title: Name: Address: City-St-Zip:	() Delete	Title: D () Change (X) Addition Name: ROZIC, SAUN Address: P.O. BOX 16733 City-St-Zip: CLEARWATER, FL 33766	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY MCCART P 04/30/2006