2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 8:00 am Secretary of State

DOCUMENT # P05000119886 1. Entity Name DAMIAN RILEY CONSTRUCTION INC.					02-09-2006 90038 035 ***150.00				
10103 SW 86 TERR.		Mailing Address 10103 SW 86 TERR. GAINESVILLE, FL 3260	· ·		PAATSTSA				
2. Principal Place of Business 3.		3. Mailing Address	I. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01242006	Chg-P	CR2E03	34 (11/05)	
City & State		City & State			4. FEI Number	33961-	55		olied For Applicable
Zip			Coun	try	5. Certificate of			8.75 Add ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
RILEY, DAMIAN C 10103 SW 86 TERR GAINESVILLE, FL 32608				Street Address (P.O. Box Number is Not Acceptable)					
	A Light A		City				FL	Zip Code	•
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or registe	red agent, or both,	in the State of Flo	rida. I am fa	amiliar with,	and accept
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 Campaig Trust Fund Contri					.00 May Be led to Fees			,	
10.	OFFICERS AND	DIRECTORS	11.	······································	ADDITIONS/CI	HANGES TO OFFI	CERS AND	DIRECTORS	SIN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RILEY, DAMIAN C 10103 SW 86 TERR. GAINESVILLE, FL 32608	☐ Delete	•		-			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	STRE					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	- 1	l.				Change	Addition
IITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				Change	☐ Addition
12. I hereby indicated	certily that the information supplied with d on this report or supplemental report is	this filing does not qualify to strue and accurate and that r	or the ex my signa	emptions containe iture shall have the	ed in Chapter 119, I	Florida Statutes, I as if made under o	further cert	ify that the in m an officer	nformation or director

of the corporation or the receiver or trustee empowered to execute the changed, or on an attachment with an address, with all other like empowered to execute the changed, or on an attachment with an address, with all other like empowered to execute the corporation or the receiver or trustee empowered to execute the

SIGNATURE:

OFFICER ORDIRECTOR