
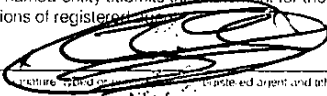
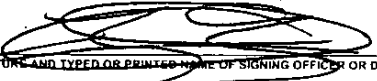


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90032 003 ***150.00

DOCUMENT # P05000141089					
1. Entity Name DURIGON CONSTRUCTION, INC.					
Principal Place of Business 5100 CONROY RD APT 118 ORLANDO, FL 32811			Mailing Address 5100 CONROY RD APT 118 ORLANDO, FL 32811		
2. Principal Place of Business 4790 EMERALD FOREST WAY APT 2102 ORLANDO 32811			3. Mailing Address 4790 EMERALD FOREST WAY APT. 2102 ORLANDO 32811		
Suite, Apt. #, etc. APT 2102		Suite, Apt. #, etc. APT. 2102		02222006 Chg-P CR2E034 (11/05)	
City & State ORLANDO		City & State ORLANDO		4. FEI Number 20-3649766	
Zip 32811		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DURIGON, JOSE V 5100 CONROY RD APT 118 ORLANDO, FL 32811				7. Name and Address of New Registered Agent DURIGON JOSE V 4790 EMERALD FOREST WAY APT. 2102 ORLANDO FL 32811 FL	
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:  (NOTE: Registered Agent signature required when changing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	DP DURIGON, JOSE V 5100 CONROY RD APT 118 ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DP DURIGON, JOSE V 4790 EMERALD FOREST WAY APT. 2102 ORLANDO, FL 32811	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____ Daytime Phone #: _____					

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