


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90135 019 ***150.00

DOCUMENT # P06000021460	
1. Entity Name VICMAR CONSTRUCTION INC	

Principal Place of Business N712 RIDENHOUR CIRCLE ORLANDO, FL 32809	Mailing Address N712 RIDENHOUR CIRCLE ORLANDO, FL 32809
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2. Principal Place of Business - No P.O. Box # N712 Ridenhour Circle	3. Mailing Address Suite, Apt. #, etc.
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City & State Orlando Florida	City & State Florida
Zip 32809	Country



03162007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4332385	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARRERA, VICENTE Q N712 RIDENHOUR CIRCLE ORLANDO, FL 32809	
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRERA, VICENTE Q N712 RIDENHOUR CIRCLE ORLANDO, FL 32809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 my address, with all other like empowered.

SIGNATURE:  **03-27-07**
Typed or printed name of signing officer or director Date Daytime Phone #