

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90271 041 ***150.00

EPDVNF0U\$ P06000025854 <small>2/ Entity Name</small> Ovation Construction Company					
<small>Principal Place of Business</small> 786 SOUTH LAKE CLAIRE CIRCLE OVIDO, FL 32765			<small>Mailing Address</small> P.O. BOX 616612 ORLANDO, FL 32861		
<small>3/ Principal Place of Business - No P.O. Box #</small>			<small>4/ Mailing Address</small>		
<small>Suite, Apt. #, etc.</small>			<small>Suite, Apt. #, etc.</small>		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>5/ FEI Number</small> 56-2562354	
<small>6/ Certificate of Status Desired</small> <input type="checkbox"/>				<small>Applied For</small> <input checked="" type="checkbox"/> Not Applicable	
<small>7/ Obn f lboelBeesf t t lpgDvss ouSf hjt u f s e lBhf ou</small>					
KARPINSKI, BERTIN J JR. 786 SOUTH LAKE CLAIRE CIRCLE OVIDO, FL 32765				<small>8/ Obn f lboelBeesf t t lpgOr x lSf hjt u f s e lBhf ou</small>	
<small>Name</small>				<small>Street Address (P.O. Box Number is Not Acceptable)</small>	
<small>City</small>				<small>Zip Code</small>	
<small>9/ 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.</small>					
<small>SIGNATURE</small> <u>Bert J. Karpinski</u> BERTIN J. KARPINSKI, JR 4/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			<small>10/ Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/>		
<small>11/ 11 NbzlOr l Beef eluplGf f t</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 21/ OFFICERS AND DIRECTORS </div> <div style="width: 48%;"> 22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> </div>					
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PRES KARPINSKI, BERTIN J JR. 786 SOUTH LAKE CLAIRE CIRCLE OVIDO, FL 32765	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Change <input type="checkbox"/> Addition

23/ 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.

T.JOBVUSF; Bert J. Karpinski **4/16/07** **407-448-8955**
T.JOBVUSFBOELUZFEPISOSLUFIOBNFPGTJHCHPGGDFSPSIEJFOUPS Date Daytime Phone #