

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000030356

FILED
Jan 09, 2007
Secretary of State

Entity Name: STUDS CONSTRUCTION INC.

Current Principal Place of Business:

30335 RAINEY ROAD
MOUNT PLYMOUTH, FL 32776 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 468
SORRENTO, FL 32776 US

New Mailing Address:

P.O BOX 583
APOPKA, FL 32704 US

FEI Number: 20-4401482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COUCH, CHARLES W
30335 RAINEY ROAD
MOUNT PLYOUTH, FL 32776 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COUCH, CHARLES W
Address: P.O BOX 468
City-St-Zip: SORRENTO, FL 32776 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DELIO, CARL P
Address: P.O BOX 583
City-St-Zip: APOPKA, FL 32704 US

Title: VP () Change (X) Addition
Name: COUCH, CHARLES W
Address: P.O. BOX 583
City-St-Zip: APOPKA, FL 32704

Title: SEC () Change (X) Addition
Name: DELIO, CARL P
Address: P.O. BOX 583
City-St-Zip: APOPKA, FL 32704

Title: TREA () Change (X) Addition
Name: COUCH, CHARLES W
Address: P.O. BOX 583
City-St-Zip: APOPKA, FL 32704

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: CARL P. DELIO

PRES

01/09/2007

Electronic Signature of Signing Officer or Director

Date