


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90102 006 \*\*\*150.00

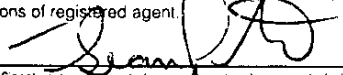
<b>DOCUMENT # P06000078194</b>	
1. Entity Name <b>S &amp; Y CONSTRUCTION SERVICES, INC.</b>	

Principal Place of Business <b>5405 NORTH 45TH STREET TAMPA, FL 33610</b>	Mailing Address <b>5405 NORTH 45TH STREET TAMPA, FL 33610</b>
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2. Principal Place of Business - No P.O. Box # <b>1728 Lakeview Village</b>	3. Mailing Address <b>1728 Lakeview</b>
Suite, Apt. #, etc. <b>Drive</b>	Suite, Apt. #, etc. <b>Village Drive</b>

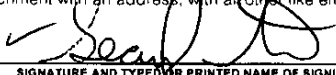
City & State <b>Brandon, FL</b>	City & State <b>Brandon, FL</b>
Zip <b>33510</b>	Country <b>USA</b>
Zip <b>33510</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>PETIT, SEAN M 5405 NORTH 45TH STREET TAMPA, FL 33610</b>	
7. Name and Address of New Registered Agent Name <b>Petit, Sean M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1728 Lakeview Village DR.</b> City <b>Brandon</b> FL Zip Code <b>33510</b>	

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  <b>Sean PETIT President</b>	DATE <b>18 APR 07</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>DPTS PETIT, SEAN M 5405 NORTH 45TH STREET TAMPA, FL 33610</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPTS Petit, Sean M. 1728 Lakeview Village DR. Brandon, FL 33510</b> <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:  <b>Sean PETIT</b>	Date <b>18 APR 07</b> Daytime Phone # <b>8134868706</b>

40076821



04162007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4992852** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required