
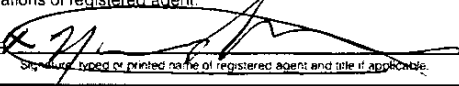



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90005 037 \*\*\*150.00

<b>DOCUMENT # P06000089204</b> 1. Entity Name <b>CTC CONSTRUCTION SERVICES, INC.</b>					
Principal Place of Business <b>3760 FALLSCREST CIRCLE CLERMONT, FL 34711 US</b>			Mailing Address <b>3760 FALLSCREST CIRCLE CLERMONT, FL 34711 US</b>		
2. Principal Place of Business - No P.O. Box # <b>9738 SPRING LAKE DR</b>		3. Mailing Address <b>9738 SPRING LAKE DR</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>CLERMONT, FL</b>		City & State <b>CLERMONT, FL</b>		4. FEI Number <b>20-5170385</b>	
Zip <b>34711</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHAMBERS, EASTON 3760 FALLSCREST CIRCLE CLERMONT, FL 34711</b>				7. Name and Address of New Registered Agent Name <b>TOMAS MARCOS</b> Street Address (P.O. Box Number is Not Acceptable) <b>9738 SPRING LAKE DR</b> City <b>CLERMONT</b> <b>FL</b> Zip Code <b>34711</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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CHAMBERS, EASTON</b> <b>3760 FALLSCREST CIRCLE</b> <b>CLERMONT, FL 34711</b> <input checked="" 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	<b>SD</b> <b>CHAMBERS, TANYA</b> <b>3760 FALLSCREST CIRCLE</b> <b>CLERMONT, FL 34711</b> <input checked="" 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	<b>VTD</b> <b>TOMAS, MARCOS</b> <b>9738 SPRING LAKE DR</b> <b>CLERMONT, FL 34711</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</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	
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.					
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					