


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90068 012 ***150.00

DOCUMENT # P06000127760
 1. Entity Name
DEL MONTE CONSTRUCTION, INC.



Principal Place of Business Mailing Address
6208 SEMINOLE DRIVE **6208 SEMINOLE DRIVE**
PANAMA CITY, FL 32404 **PANAMA CITY, FL 32404**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40041460



01032007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-5611730 Not Applicable

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

6. Name and Address of Current Registered Agent
MILLER, J. JEROME J
WILDCAT PLAZA 415 MOUNTAIN DRIVE
SUITE 3
DESTIN, FL 32541-2349

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DEL MONTE, JEFFREY J | |
| STREET ADDRESS | 6208 SEMINOLE DRIVE | |
| CITY-ST-ZIP | PANAMA CITY, FL 32404 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | DYKES, FRANK | |
| STREET ADDRESS | 1900 GARRISON AVE | |
| CITY-ST-ZIP | PORT ST. JOE, FL 32456 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | GRAHAM, VICTOR | |
| STREET ADDRESS | 1813 LOUISIANNA AVE | |
| CITY-ST-ZIP | LYNN HAVEN, FL 32444 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: Jeffrey J. DelMonte **JEFFREY J. DELMONTE** Date: **3/23/07** Daytime Phone #: **850-874-2819**