
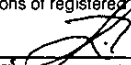
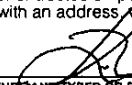


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90016 023 ***150.00

DOCUMENT # P07000003082 1. Entity Name F P A CONSTRUCTION, INC			
Principal Place of Business 2368 FLETCHER TRAILER RD HAINES CITY, FL 33844 US		Mailing Address 2368 FLETCHER TRAILER RD HAINES CITY, FL 33844 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P. O. BOX 4584 Suite, Apt. #, etc.	
City & State		City & State HAINES CITY, FL 33845-4584	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PINEDA, FELIPE A 2368 FLETCHER TRAILER RD HAINES CITY, FL 33844		7. Name and Address of New Registered Agent Name Pineda, Felipe A. Street Address (P.O. Box Number is Not Acceptable) 2371 Fletcher Trailer Rd City Haines City FL Zip Code 33844	
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 02-25-08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PINEDA, FELIPE A 2368 FLETCHER TRAILER RD HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pineda, Felipe A. 2371 Fletcher Trailer Rd Haines City FL 33844 <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
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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: 		Date 02-25-08 Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			