2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000056921

Title:

Name:

Address:

City-St-Zip:

() Delete

PATTERSON, STEVE

8787 SOUTHSIDE BLVD

JACKSONVILLE, FL 32256

Intity Name: FUNKEY CONTRACTING AND RENOVATIONS INC

FILED Mar 24, 2009 Secretary of State

Entity Name: FUNKEY CONTRACTING AND RENOVATIONS	BINC
Current Principal Place of Business:	New Principal Place of Business:
92 W 3RD STREET ATLANTIC BEACH, FL 32233 US	
Current Mailing Address:	New Mailing Address:
92 W 3RD STREET ATLANTIC BEACH, FL 32233 US	
FEI Number: 26-0147733 FEI Number Applied For () FEI Nu	mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
FUNKEY, DAVID M 92 W 3RD STREET ATLANTIC BEACH, FL 32233 US	ALL FLORIDA FIRM, INC. 813 DELTONA BLVD, STE A BOX 1400514 DELTONA, FL 32725 US
The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: DEVIN NEWMAN FOR ALL FLORIDA FIRM	03/24/2009
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: P () Delete Name: FUNKEY, DAVID M Address: 92 W 3RD STREET City-St-Zip: ATLANTIC BEACH, FL 32233 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: T () Delete Name: COUSINEAU, JESSE Address: 13139 LEATHERLEAF DR City-St-Zip: JACKSONVILLE, FL 32225	Title: S (X) Change () Addition Name: COAN, JOHN Address: 444 LOWER EIGTH AVE. S. City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

VΡ

PATTERSON, STEVE

8787 SOUTHSIDE BLVD

JACKSONVILLE, FL 32256

(X) Change () Addition

SIGNATURE: DEVIN NEWMAN FOR DAVID M FUNKEY P 03/24/2009