

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000129690

1. Entity Name
CANALS CONSTRUCTION CORPORATION



Principal Place of Business
6543 DOG ROSE DRIVE
WESLEY CHAPEL, FL 33544

Mailing Address

6543 DOG ROSE DRIVE
WESLEY CHAPEL, FL 33544

2. Principal Place of Business - No P.O. Box #

10543 DOG Rose Dr

Suite, Apt. #, etc.

3. Mailing Address

10543 DOG Rose Dr

Suite, Apt. #, etc.

City & State
WESLEY CHAPEL - FLA

City & State
WESLEY CHAPEL - FLA

Zip 33544 Country PASCO

Zip 33544 Country PASCO

6. Name and Address of Current Registered Agent

CANALS, RICHARD S
6543 DOG ROSE DRIVE
WESLEY CHAPEL, FL 33544

4. FEI Number
 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name RICHARD S CANALS (ORIGINAL)
Street Address (P.O. Box Number is Not Acceptable)
10543 DOG Rose Dr

City Wesley Chapel FL Zip Code 33544

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$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 CANALS, RICHARD S 6543 DOG ROSE DRIVE WESLEY CHAPEL, FL 33544	<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: *R.S. Canals*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-08 813-787-0037

Date

Daytime Phone #