

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050177

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: MAKE IT HAPPEN CONSTRUCTION SERVICES INC.

## Current Principal Place of Business:

2675 LAKESHORE CIR  
PORT CHARLOTTE, FL 33952

## New Principal Place of Business:

## Current Mailing Address:

2675 LAKESHORE CIR  
PORT CHARLOTTE, FL 33952

## New Mailing Address:

FEI Number: 26-2650676

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVOULT, JUSTIN T  
2675 LAKESHORE CIR.  
PORT CHARLOTTE, FL 33952 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DAVOULT, JUSTIN T  
Address: 2675 LAKESHORE CIR  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP ( ) Delete  
Name: PACK, SEAN T  
Address: 5035 ARITON RD.  
City-St-Zip: NORTH PORT, FL 34288

Title: VP ( ) Delete  
Name: SMITH, TAYLOR J  
Address: 2675 LAKESHORE CIR  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP (X) Delete  
Name: CRISTINA, JOHN  
Address: 21388 EDGEWATER DR  
City-St-Zip: PORT CHARLOTTE, FL 33952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: CRISTINA, JOHN  
Address: 21388 EDGEWATER DR.  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JUSTIN DAVOULT

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date