


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000016124

1. Entry Name
3 WAY CONSTRUCTION COMPANY OF TAMPA



Principal Place of Business 7702 INDUSTRIAL LN TAMPA, FL 33637 US	Mailing Address 7702 INDUSTRIAL LN TAMPA, FL 33637 US
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DO NOT WRITE IN THIS SPACE



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3167556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DONNELLY, PATRICK J
7702 INDUSTRIAL LANE
TAMPA, FL 33637-6737**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE PD	FISCHER, ROBERT
NAME	
STREET ADDRESS 14833 SHAW RD.	
CITY-ST-ZIP TAMPA, FL 33625	
TITLE VD	DONNELLY, PATRICK J
NAME	
STREET ADDRESS 13215 ARBER ISLE	
CITY-ST-ZIP TAMPA, FL 33637	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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06/14/06-80001-004 150.00

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: Robert Fischer **ROBERT FISCHER-PRES** 6-1-6 803-989-1731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #