## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000056572

City-St-Zip:

LONGWOOD, FL 32750

Entity Name: CRONIN CONSTRUCTION CORPORATION

FILED Jul 02, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 950 EXPLORER COVE ALTAMONTE SPRINGS, FL 32701 US **Current Mailing Address: New Mailing Address:** 950 EXPLORER COVE ALTAMONTE SPRINGS, FL 32701 US FEI Number: 59-3195924 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRONIN, RICHARD L CRONIN, RICHARD L 560 CRANESWAY 926 LOTUS VISTA DR **UNIT 228 UNIT 202** ALTAMONTE SPRINGS, FL 32701 US ALTAMONTE SPRINGS, FL 32714 US 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: 07/02/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition CRONIN, RICHARD L CRONIN, RICHARD L Name: Name: 560 CRANES WAY UNIT 228 926 LOTUS VISTA DR 202 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 Title: DV Title: () Delete () Change () Addition Name: HAMMERSLEY, JAMES C. Name: 129 RANGELINE WOODS COVE Address: Address: LONGWOOD, FL 32750 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition DS DS CRONIN, DEBORAH L. CRONIN, DEBORAH L. Name: Name: 560 CRANES WAY, UNIT 228 926 LOTUS VISTA DR 202 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL City-St-Zip: ALTAMONTE SPRINGS, FL 32714 Title: ( ) Delete Title: () Change () Addition HAMMERSLEY, JEANETTE Name: Name: Address: 129 RANGELINE WOODS COVE Address:

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.

City-St-Zip:

SIGNATURE: RICHARD LEE CRONIN DP 07/02/2007