
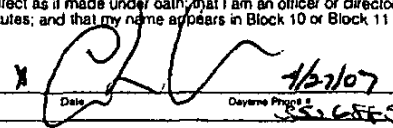


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Jun 06, 2007 8:00 am
Secretary of State

06-06-2007 90003 009 ***158.75

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000080472		
1. Entity Name EUGENE CONCKLIN'S SHILOH CONSTRUCTION CORPORATION		
Principal Place of Business 9126 ERMA RD BROOKSVILLE, FL 34613		Mailing Address 9126 ERMA RD BROOKSVILLE, FL 34613
DO NOT WRITE IN THIS SPACE		
		04202007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3216671
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CONCKLIN, EUGENE L 9126 ERMA RD BROOKSVILLE, FL 34613		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DPST	
NAME	CONCKLIN, EUGENE L	
STREET ADDRESS	9126 ERMA RD	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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: X _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date: 6/6/07  1/3/07 <small>Daytime Phone: 852-685-5516</small>		