

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90304 043 ***150.00

DOCUMENT # P94000017645

1. Entity Name
CONSTRUCTION ASSOCIATES INTERNATIONAL, INC.



Principal Place of Business
**395 SOUTH RANGE ROAD
COCOA, FL 32926**

Mailing Address
**395 SOUTH RANGE ROAD
COCOA, FL 32926**

40070308



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3386302

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIS, LU ANNE
395 SOUTH RANGE ROAD
COCOA, FL 32926**

**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. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D. PRESIDENT
NAME	WILLIS, LU ANNE
STREET ADDRESS	395 SOUTH RANGE ROAD
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	SPEEGLE, JAMES T
STREET ADDRESS	395 SOUTH RANGE ROAD
CITY-ST-ZIP	COCOA, FL 32926
TITLE	VICE PRESIDENT
NAME	WILLIS, JAMES N.
STREET ADDRESS	395 S. RANGE RD., COCOA, FL 32926
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT **4-18-06** **321-639-2222**