## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## Mar 26, 2007 8:00 am **Secretary of State DOCUMENT # P95000024568** 03-26-2007 90059 004 \*\*\*150.00 ADDISON CONSTRUCTION CORPORATION 40032~ Principal Place of Business Mailing Address 215 FIFTH STREET 215 FIFTH STREET STE 100 STE 100 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 03122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0574549 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KIRSCHNER, MITCHELL B DO NOT WRITE 1801 N. MILITARY TRAIL SUITE 200 IN THIS SPACE BOCA RATON, FL 33431 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPS TITLE SWANSON, DAN E NAME STREET ADDRESS 215 FIFTH STREET STE 100 CITY-ST-ZIP WEST PALM BEACH, FL 33401 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DAR NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 explute 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

(521)802-4411

**FILED**