


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

| | |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P95000049770 |  |
| 1. Entity Name CANSLER CONSTRUCTION SERVICES, INC. | |

| | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business 100 N TAMPA ST #3570 TAMPA, FL 33602 | Mailing Address 100 N TAMPA ST #3570 TAMPA, FL 33602 |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3327900 | 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

**BLACK, THOMAS W
101 E KENNEDY BLVD
SUITE 3700
TAMPA, FL 33602**

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, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000785941 01/17/08-80020-013 150.00 |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

10. OFFICERS AND DIRECTORS

| | |
|-------------------------------------------|-------------------------------|
| TITLE P | DO NOT WRITE IN THIS SPACE |
| NAME CANSLER, REUBEN M | |
| STREET ADDRESS 9303 ALICE LANE | |
| CITY-ST-ZIP RIVERVIEW, FL 33569 | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: *Reuben M Cansler* **Reuben M Cansler** 1/14/08 813-672-7612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #