


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 21, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P96000027738</b> 1. Entity Name <b>ACKERMAN CONSTRUCTION, INC.</b>	
--	---

Principal Place of Business <b>11539 PYRAMID DR. ODESSA, FL 33556-3457 US</b>	Mailing Address <b>11539 PYRAMID DR. ODESSA, FL 33556-3457 US</b>
--	--



01082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3369225</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ACKERMAN, DANIEL K 478 STILL MEADOWS CIR. S. PALM HARBOR, FL 34683</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 Linda J. Ackerman U.P. Linda J. Ackerman DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACKERMAN, DANIEL K 478 STILL MEADOWS CIR. S PALM HARBOR, FL 346835136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ACKERMAN, LINDA J 478 STILL MEADOWS CIR. S. PALM HARBOR, FL 346835136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000238516 02/22/05-80003-006 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
---

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Linda J. Ackerman U.P. - Linda J. Ackerman 2-18-05 727-375-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #