

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000101719

FILED
Jul 05, 2006
Secretary of State

Entity Name: CENTRIC CONSTRUCTION & MANAGEMENT, INC.

Current Principal Place of Business:

1422 HENDRY STREET
304
FORT MYERS, FL 33901

New Principal Place of Business:

2451 FIRST STREET
FORT MYERS, FL 33901

Current Mailing Address:

1422 HENDRY STREET
UNIT 304
FORT MYERS, FL 33901 US

New Mailing Address:

2451 FIRST STREET
FORT MYERS, FL 33901 US

FEI Number: 65-6230153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, JOHN M
8911 DANIELS PKWY
UNIT 6
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GOERTZ, DOMINIK
Address: 1422 HENDRY ST UNIT 304
City-St-Zip: FORT MYERS, FL 33901

Title: VPD () Delete
Name: RICHTER, NILS
Address: 1422 HENDRY STREET, UNIT 304
City-St-Zip: FORT MYERS, FL 33901

Title: S (X) Delete
Name: GOERTZ, HILDEGARD A
Address: 1422 HENDRY ST UNIT 304
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GOERTZ, DOMINIK
Address: 2451 FIRST STREET
City-St-Zip: FORT MYERS, FL 33901

Title: VPDS (X) Change () Addition
Name: RICHTER, NILS
Address: 2451 FIRST STREET
City-St-Zip: FORT MYERS, FL 33901

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NILS RICHTER

D

07/05/2006

Electronic Signature of Signing Officer or Director

Date