

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90040 014 ***150.00

DOCUMENT # P96000103883 1. Entity Name COURNOYER CONSTRUCTION, INC.			
Principal Place of Business 1135 PIERCE ST CLEARWATER, FL 33756 US		Mailing Address 1135 PIERCE ST CLEARWATER, FL 33756 US	
2. Principal Place of Business 109 N Martin Luther King Jr. Ave Suite, Apt. #, etc.		3. Mailing Address 109 N Martin Luther King Jr. Ave Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State Clearwater FL	
Zip 33755		Zip 33755	
Country USA		Country USA	
4. FEI Number 59-3425622		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 COURNOYER, LOUISE 1135 PIERCE STREET CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name Cournoyer, Louise Street Address (P.O. Box Number is Not Acceptable) 109 N. Martin Luther King Jr. Ave City Clearwater FL Zip Code 33755	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COURNOYER, PIERRE 1476 CLEVELAND ST CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COURNOYER, LOUISE 1476 CLEVELAND ST CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1/16/06 (727) 449-9876 <small>Daytime Phone #</small>	