## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2007 08:00 AM **DOCUMENT # P96000103883 Secretary of State** COURNOYER CONSTRUCTION, INC. Principal Place of Business Mailing Address 109 N MARTIN LUTHER KING, JR 109 N MARTIN LUTHER KING, JR CLEARWATER, FL 33755 CLEARWATER, FL 33755 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3425622 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent COURNOYER, LOUISE DO NOT WRITE 109 N MARTIN LUTHER KING, JR CLEARWATER, FL 33755 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME COURNOYER, PIERRE 1476 CLEVELAND ST STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL. 33756 000000742821 05/15/07-80086-002 150.00 COURNOYER, LOUISE NAME STREET ADDRESS 1476 CLEVELAND ST CITY-ST-7IP CLEARWATER, FL 33756 TOTLE NAME STREET ADDRESS DO NOT WRITE City-St-Zip IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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:

NAME STREET ADDRESS

IGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTO

4/24/07

449-9816

Daytime Phone #

**FILED**