## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 17, 2006 8:00 am Secretary of State

ANNUAL REPORT						Secretary or State				
DOCUMENT # P97000023964					01-17-2006 90251 021 ***150.00					
1. Entity Name MILCON CONSTRUCTION CORPORATION, INC.										
Principal Place of Business		Mailing Address	<del></del>			งบบ	Arnna			
6210 NW 77TH ST		6210 NW 77 STREET								
GAINESVILLE, FL 32653		GAINESVILLE, FL 32653								
						N 1860 1880 BUUN BENLE		ENE 100 141	[11	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apr. #, etc. 4908 NW 34St, Sult		Sult	501042006	Chg-P	CR2E034	(11/05)		
City & State		CHAMQSVILLE			4. I CITALID	FEI Number         Applied For           59-3433429         Nor Applicable				
Zip	Country	32605 H	Country	ua	5. Certificate	of Status Desired		8.75 Add e Require		
	6. Name and Address of Current F				7. Name and	Address of New	Registered Ag	ent		
Name Name										
CONATY, JOHN B 6210 NW 77TH ST				Street Address (P.O. Box Number is Not Acceptable)						
GAINESVILLE, FL 32653										
			City				FL	Zip Code	•	
8. The above	named entity submits this statement for	the purpose of changing its req	gistered office or	registere	ed agent, or bo	th, in the State of F	Rorida. I am far	niliar with,	and accept	
l rue opsiĝas	tions of registered agent.									
SIGNATURE	Signature, typed of printed name of registered agent a	and title of a policy to the control of title of the control of th					DATE			
<u></u>	Signature, typod of charged registered agent a	TO LINE II ADDREASHE. (NOTE THE	egistered Agent signatu	ne required	wnen reinszarrig)	I	DATE			
FILE NOW!!! FEE IS \$150.00  After May 1 2006 Fee will be \$550.00  Trust Fund Contribution.				\$5.0	00 May Be ed to Fees					
After M	ay 1, 2006 Fee will be \$550.0	ution.	Adde	ed to Fees						
10. OFFICERS AND DIRECTORS 11			11.		ADDITIONS	/CHANGES TO OF	FICERS AND D	IRECTORS	S IN 11	
TITLE	PSD	☐ Defete	TITLE			., .	(	Change	☐ Addition	
NAME STREET ADDRESS	CONATY, JOHN B		NAME							
CITY-ST-ZIP	530 NE 8TH TERRACE GAINESVILLE, FL 32601		STREET ADDRESS CITY-ST-ZIP							
TITLE	VTD	☐ Delete	TITLE				Г	Change	Addition	
NAME	MILLS, WM. RUSSELL	T Delete	NAME				,	onenge		
STREET ADDRESS	10831 N.W. 8TH TERRACE		STREET ADDRESS							
CfTY-\$T-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE				(	Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	1ITLE				(	Change	Addition	

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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

Date

Daytime Phone #

Change

☐ Change

☐ Addition

Addition