2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000044056

Entity Name: NATIONWIDE CONSTRUCTION, INC.

FILED Jan 19, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
261 PLAZ.	A DRIVE		251 PLAZA DRIVE		
B OVIEDO,	FL 32765		B OVIEDO, FL 32765		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
261 PLAZ	A DRIVE		251 PLAZA DRIVE		
B OVIEDO,	FL 32765		B OVIEDO, FL 32765		
FEI Number	r: 59-3451603	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
BARNCOI	RD, DENNIS K	JR.			
	SSUM TRAIL TA, FL 32766	US			
	e of Florida.	·		G G .	
		submits this statement for the p	urpose of changing its registere	d office or registered agent, or both	
SIGNATU					
		nic Signature of Registered Age	nt	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	PRES () BARNCORD, D 2300 WASSUM CHULUOTA, FL	1 TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () BARNCORD, C 2300 WASSUM CHULUOTA, FL	1 TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () BARNCORD, D 2300 WASSUM CHULUOTA, FL	1 TRIAL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BARNCORD, C 2300 WASSUM	1 TRAIL	Title: Name: Address:	() Change () Addition	
	CHULUOTA, FL	_ 32766	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: CAMILLA BARNCORD VP 01/19/2006