## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P97000047660** 

1. Entity Name
FALLER CONSTRUCTION COMPANY



FILED
Jan 16, 2007 08:00 AM
Secretary of State

Principal Place of Business

5307 RANDOLPH RD. ROCKVILLE, MD 20852 Mailing Address

5307 RANDOLPH RD. ROCKVILLE, MD 20852



01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 52-1078016

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOVANOVICH, RICHARD ESQ GOODLETTE, COLEMAN, JOHNSON PA NORTHERN TRUST BK BLDG 4001 TAMIAMI TR NO NAPLES, FL 34103

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			L		
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  7. Election Campaign Financial Trust Fund Contribution.			icing	\$5.00 May Be Added to Fees	01/17/07-80005-001 158.75
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALLER, CHARLES S III 5307 RANDOLPH RD. ROCKVILLE, MD 20852				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP			1 1		······································
12. Thereby 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					

12. I nereby 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Charles S Faller A

1/5/07 301-231.

Daytime Phone #