2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000049433

Entity Name: MICHAEL KOONTZ CONSTRUCTION, INC.

FILED Apr 28, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6602 MARTHA RD 4206 WOLF RIDGE CROSSING

PARRISH, FL 34219 PARRISH, FL 34219

Current Mailing Address: New Mailing Address:

P.O. BOX 889 PARRISH, FL 34219

FEI Number: 65-0758149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOONTZ, MICHAEL

6602 MARTHA RD

PARRISH, FL 34219 US

KOONTZ, MICHAEL

4206 WOLF RIDGE CROSSING

PARRISH, FL 34219 US

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.

SIGNATURE: 04/28/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 KOONTZ, MICHAEL
 Name:
 KOONTZ, MICHAEL

 Address:
 6602 MARTHA RD
 Address:
 4206 WOLF RIDGE CROSSING

City-St-Zip: PARRISH, FL 34219 City-St-Zip: PARRISH, FL 34219

Name: KOONTZ, STACY Name: KOONTZ, STACY

Address: 6602 MARTHA RD Address: 4206 WOLF RIDGE CROSSING

City-St-Zip: PARRISH, FL 34219 City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify 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: STACY E. KOONTZ SEC 04/28/2007

Electronic Signature of Signing Officer or Director

Date