## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000049433

Entity Name: MICHAEL KOONTZ CONSTRUCTION, INC.

4206 WOLF RIDGE CROSSING

PARRISH, FL 34219

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4206 WOLF RIDGE CROSSING 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 4206 WOLF RIDGE CROSSING PARRISH, FL 34219 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition KOONTZ, MICHAEL Name: Name: 4206 WOLF RIDGE CROSSING Address: Address: City-St-Zip: PARRISH, FL 34219 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KOONTZ, STACY Name:

Address:

City-St-Zip:

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 KOONTZ D 04/30/2009