


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000070027	
1. Entity Name COLSTON CONSTRUCTION, INC.	

Principal Place of Business 901 WEST WISCONSIN AVENUE ORANGE CITY, FL 32763	Mailing Address P.O. BOX 740597 ORANGE CITY, FL 32774-0597
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DO NOT WRITE IN THIS SPACE



02022006 No Chg-P CR2E034 (11/05)

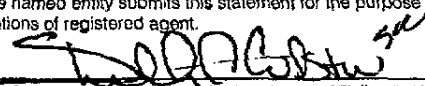
4. FEI Number 59-3485142	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COLSTON, SCOTT L
901 WEST WISCONSIN AVE
ORANGE CITY, FL 32763

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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  DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000469876 03/27/06-80018-025 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLSTON, SCOTT L 901 WEST WISCONSIN AVENUE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHELLY, COLSTON 901 WEST WISCONSIN AVENUE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCOTT, COLSTON 901 WEST WISCONSIN AVENUE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLSTON, SHELLY A 901 WEST WISCONSIN AVENUE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  3-14-2006 386-715-6518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #