

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90034 034 ***150.00

DOCUMENT # P97000107779

1. Entity Name

REISMAN CONSTRUCTION, INC.



Principal Place of Business

102 WINGFIELD DR
UMATILLA FL 32784

Mailing Address

102 WINGFIELD DR
UMATILLA FL 32784

2. Principal Place of Business

19508 Twin Ponds Rd

3. Mailing Address

19508 Twin Ponds Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Umatilla, FL

City & State

Umatilla, FL

Zip

32784

Country

Lake

Zip

32784

Country

Lake

4. FEI Number

59-3483265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REISMAN, MATTHEW
102 WINGFIELD DR
UMATILLA FL 32784

7. Name and Address of New Registered Agent

Name: Reisman, Matthew

Street Address (P.O. Box Number is Not Acceptable)

19508 Twin Ponds Rd

City Umatilla

FL

Zip Code 32784

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

Matthew Reisman
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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | REISMAN, MATTHEW | |
| STREET ADDRESS | 102 WINGFIELD DR | |
| CITY-ST-ZIP | UMATILLA FL 32784 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | REISMAN, VALERIE | |
| STREET ADDRESS | 102 WINGFIELD DR | |
| CITY-ST-ZIP | UMATILLA FL 32784 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|---|
| TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Reisman, Matthew | |
| STREET ADDRESS | 19508 Twin Ponds Rd | |
| CITY-ST-ZIP | Umatilla, FL 32784 | |
| TITLE | ST | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Reisman, Valerie | |
| STREET ADDRESS | 19508 Twin Ponds Rd | |
| CITY-ST-ZIP | Umatilla, FL 32784 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an officer like empowered.

SIGNATURE:

Matthew Reisman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #