## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P97000108616

 Entity Name SWEETSER CONSTRUCTION SERVICES, INC.



FILED Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

1821 CROSS CREEK WAY E DUNEDIN, FL 34698 Mailing Address

P.O. BOX 1194

DUNEDIN, FL 34697 US

04262006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3494931

Applied For Not Applicable

5. Certificate of Status Desired

×

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEETER, WALTER T 1821 CROSS CREEK WAY E DUNEDIN, FL 34698

## DO NOT WRITE IN THIS SPACE

DUNEDIN, PL 34098			IN THIS SPACE		
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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEETSER, WALTER T 1821 CROSS CREEK WAY E DUNEDIN, FL 34698				U00000539596
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/03/06-80104-019 158.79
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 Chapter 119, Florida Statutes. I further certify that the information					

12. 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:

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER T. SWEETSER

4-24-06

727-639-4049

Date

Daytime Phone #