


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000039224
1. Entity Name
FOUR POINT CONTRACTING, INC.



Principal Place of Business Mailing Address
14201 82ND AVE N **14201 82ND AVE N**
SEMINOLE, FL 33776 **SEMINOLE, FL 33776**

DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3504426	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LACINA, THOMAS F
14201 82 AVE N
SEMINOLE, FL 33776

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LACINA, THOMAS 14201 82 AVENUE SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LACINA, IRENE 14201 82ND AVE N SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LACINA, CHRISTOPHER M 14201 82ND AVE N SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LACINA, GREGORY S 14201 82ND AVE N SEMINOLE, FL 33776
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: Thomas F. LACINA / 19/06 727-804-8848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #