


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000039224</b> 1. Entity Name FOUR POINT CONTRACTING, INC.	
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Principal Place of Business 14201 82ND AVE N SEMINOLE, FL 33776	Mailing Address 14201 82ND AVE N SEMINOLE, FL 33776
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

LACINA, THOMAS F  
14201 82 AVE N  
SEMINOLE, FL 33776

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

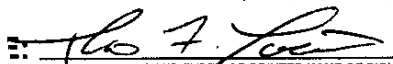
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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, CHRISTOPER 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
ADDRESS CITY-ST-ZIP	

U00000615491  
02/06/07-80073-015 150.00

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I 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 in 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 shown on an attachment with an address, with all other like empowered.

 **1/29/07** **727-398-9907**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #