R PROFIT CORPORATION NUAL REPORT (AR)

98000056894

TRUCTION CO. INC.



Mailing Address 852 TURTLE MOUND DR CASSELBERRY FL 32707 O7 JUL 11 AM II: 31

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 2. Principal Place of Business - No P O. Box #
 3. Mailing Address

 Suite, Apt. #, etc.
 Suite, Apt. #, etc.

 Suite, Apt. #, etc.
 SAM E

 City & State
 4. FEI Number

1st MOORE

CR2E034 (10/06)

Applied For

OSBORNE, D.H. 852 TURTLE MOUND DR CASSELBERRY FL 32707

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

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

59-2428897

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.

City

SIGNATURE

Signalura, typeo or printed hame of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating,

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Make Check	Payable to Florida Department of State					_	ĺ
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSBORNE, D.H. 852 TURTLE MOUND DRIVE CASSELBERRY FL 32707	☐ Delete	THE NAME STREET ADDRESS CHY-SI-ZIP	7.C 07/17.	00106262; /0701026017	□ Change ≥ 7 7 **158.7	Addulion
TITLE NAME STRIET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP			□ Change	Addition
TITLE. NAME STREET ADDRESS CITY-ST-ZIP		☐ Delele	NAME STREET ADDRESS CITY ST-ZIP			□ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ITILE NAME STREET ADDRESS CITY+ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change	Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BBORNE

4-25-07

407-699-9519

Daytime Phone :

852 Turtlemound Dr. Casselberry, FL 32707 (407) 699-9517

TO: DEBRA STERLING

FROM: DANIEL H. DSBORVE

Jog 8-

ON 6-28-07 I SPOKE TO YOU BY PHONE &
EXPLAINED TO YOU THAT ON 4-25-07 I SENT
MY ANNUAL REPORT WITH CHECK # 3827
IN AMOUNT OF \$158.75. AS OF OUR CONVERSION
ON 6-28-07 IT HAD NOT BEEN RECIEVED.
ALSO ON 5-9-07 I SPOKE TO GATLY FROM
ANNUAL REPORT SECTION & HE ADVISED THE
BAME. AT YOUR SUGGESTION IMM SENDING
YOU THIS NOTE WITH A NEW CHECK FOR
\$ 158.75 & A NEW REPORT. WILL YOU
PLEASE CONTACT ME UPON RECIEVING THIS
LATTER. MY CELL PHONE 15 407-435-509.

TAROK YOU FOR YOUR DELD

Donny DEBOINE