
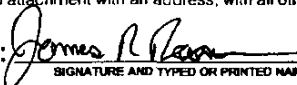


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90073 001 \*\*\*150.00

<b>DOCUMENT # P98000062343</b>			
1. Entity Name RANSON CONSTRUCTION, INC.			
Principal Place of Business 7627 NORTHERN OAK ST. WEST MELBOURNE, FL 32904		Mailing Address 7627 NORTHERN OAK ST. WEST MELBOURNE, FL 32904	
2. Principal Place of Business - No P.O. Box # 100 SW IRWIN AVE.		3. Mailing Address	
Suite, Apt. #, etc. SUITE #2		Suite, Apt. #, etc.	
City & State W. MELBOURNE, FL		City & State	
Zip 32904	Country BREVARD	Zip	Country
6. Name and Address of Current Registered Agent  RANSON, JAMES R 7627 NORTHERN OAK ST. WEST MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name JAMES R. RANSON Street Address (P.O. Box Number is Not Acceptable) 100 SW IRWIN AVE. SUITE #2 City WEST MELBOURNE FL Zip Code 32904	
4. FEI Number 59-3522174 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANSON, JAMES R 7627 NORTHERN OAK ST. WEST MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / P RANSON, JAMES R. 100 SW IRWIN AVE., SUITE #2 WEST MELBOURNE, FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  James R. Ranson		Date	2/7/07 (321) 676-0528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

400100



02052007 Chg-P CR2E034 (12/06)