

2006 FOR PROFIT CORPORATION ANNUAL REPORT


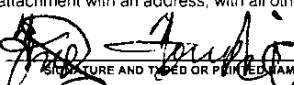
FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90360 044 ***150.00

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03132006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000092364							
1. Entry Name FTF CONSTRUCTION COMPANY, INC.							
Principal Place of Business 25 N. MYRTLE ST FELLSMERE, FL 32948			Mailing Address 25 N. MYRTLE ST FELLSMERE, FL 32948				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 13-3103676			
				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			7. Name and Address of New Registered Agent				
FORNABAIO, NICK 247 SO. WIMBROW DRIVE SEBASTIAN, FL 32958			Name FORNABAIO, FRANCESCO				
			Street Address (P.O. Box Number is Not Acceptable)			2475 Wimbrow Drive	
			City			SEBASTIAN	FL
						Zip Code	32958
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 reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORNABAIO, NICK		NAME				
STREET ADDRESS	247 S WIMBROW DRIVE		STREET ADDRESS				
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	P, V, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORNABAIO, FRANCESCO		NAME				
STREET ADDRESS	247 S WIMBROW DRIVE		STREET ADDRESS				
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 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: 			3-20-2006				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				