


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90079 031 ***150.00

DOCUMENT # P99000020436 1. Entity Name PRONTO CONSTRUCTION, INC.			
Principal Place of Business 4825 S.E. 3RD. STREET OCALA, FL 34471		Mailing Address 4825 S.E. 3RD. STREET OCALA, FL 34471	
2. Principal Place of Business 3511 SE 31ST ST		3. Mailing Address 3511 SE 31ST ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCALA, FLA		City & State OCALA, FLORIDA	
Zip 34471	Country USA	Zip 34471	Country USA
4. FEI Number 59-3565335		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUPO LOPO, JOSEPHINE 4825 S.E. 3RD. STREET OCALA, FL 34471		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code:	
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 reappointing) 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 NAME JOSEPHINE STREET ADDRESS 4825 SE 3RD ST CITY-ST-ZIP OCALA, FL 34471	<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: <i>Josephine Lupo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>1/31/06</i> Daytime Phone #: <i>3526943603</i>	