

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000032726

FILED
Jan 14, 2005
Secretary of State

Entity Name: NEWCO CONSTRUCTION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

PO BOX 1018
ZELLWOOD, FL 327981018

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1018
ZELLWOOD, FL 32798

New Mailing Address:

FEI Number: 59-3569925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, MARIO A
ONE SOUTH ORANGE AVE
STE 401
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: BROWN, WILLIAM P
Address: PO BOX 1018
City-St-Zip: ZELLWOOD, FL 327981018

Title: T () Delete
Name: BROWN, WILLIAM P
Address: PO BOX 1018
City-St-Zip: ZELLWOOD, FL 327981018

Title: VD () Delete
Name: BROWN, PATRICK W
Address: 1050 NORTHFIELD CT,SUITE 240
City-St-Zip: ROSWELL, GA 30076

Title: VD () Delete
Name: DANIELS, CHUCK P
Address: 1050 NORTHFIELD CT,SUITE 240
City-St-Zip: ROSWELL, GA 30076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM P. BROWN

PRES

01/14/2005

Electronic Signature of Signing Officer or Director

Date