

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90295 009 ***150.00

DOCUMENT # P99000050988

1. Entity Name
EXOTICA DI AMADOUR CONSTRUCTION & DESIGN, INC.



Principal Place of Business
23016 JUMPER AVENUE
PORT CHARLOTTE, FL 33952

Mailing Address
23016 JUMPER AVENUE
PORT CHARLOTTE, FL 33952

DO NOT WRITE IN THIS SPACE



02142006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0926413

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHALOUKKA, DAVID
23016 JUMPER AVENUE
PORT CHARLOTTE, FL 33952

**DO NOT WRITE
IN THIS SPACE**

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 David R. Chaloupka - DAVID R. CHALOUKKA
Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating)

April 15 2006
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHALOUKKA, DAVID
STREET ADDRESS	23016 JUMPER AVENUE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	PRES
NAME	CHALOUKKA, DAVID
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	10600 SW CR 761
STREET ADDRESS	ARCADIA, FLORIDA
CITY-ST-ZIP	34269
TITLE	
NAME	SEE
STREET ADDRESS	CHANGE of ADDRESS
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: David R. Chaloupka DAVID R CHALOUKKA 4/15/06 941-
255-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #