

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108918

FILED
Apr 18, 2008
Secretary of State

Entity Name: CHF CONSTRUCTION COMPANY

Current Principal Place of Business:

9131 COLLEGE PARKWAY
STE 13B-208
FORT MYERS, FL 33919

New Principal Place of Business:

9131 COLLEGE PARKWAY
STE 155
FORT MYERS, FL 33919

Current Mailing Address:

9131 COLLEGE PARKWAY
STE 13B-208
FORT MYERS, FL 33919

New Mailing Address:

9131 COLLEGE PARKWAY
STE 155
FORT MYERS, FL 33919

FEI Number: 65-0968059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: PSTD () Delete
Name: FRIZONE, CARLOS H
Address: 9131 COLLEGE PARKWAY, SUITE 13B-208
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: FRIZONE, CARLOS H
Address: 9131 COLLEGE PARKWAY, SUITE 155
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CARLOS H FRIZONE

PSTD

04/18/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date