## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

MICHAEL

R BUKCUM

## Mar 20, 2006 08:00 AM DOCUMENT # 500344 **Secretary of State** MICHAEL BURCUM CONTRACTING, INC. Principal Place of Business Mailing Address 8352 JAYSON DR BROOKSVILLE FL 34613 8352 JAYSON DR BROOKSVILLE FL 34613 2. Principal Place of Business 3. Mailing Address Surle, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FE! Number Applied For 59-3026241 Not Applicate Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BURCUM, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 8352 JAYSON DR **BROOKSVILLE FL 34613** City Zip Code 6. 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 Signatute, Typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS to. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTSD MILE Delete TRILE Change ☐ Addition BURCUM, MICHAEL NAME NAME STREET ADDRESS 8352 JAYSON DR STREET ADDRESS 11000000473**359** /31./06\_80013 CITY-ST-ZIP BROOKSVILLE FL 34613 CITY-ST-ZIP TILE Delete DiffE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIE CITY-ST-ZIP THEF ☐ Delote ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS D15Y-S5-217 CITY-ST-ZIP TITLE Detete. TiTLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP. 333EE ☐ Detete BRIE Change Addition MAME STREET ADDRESS STREET ADDRESS C174-S7-Z7P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, Plorida 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.

**FILED** 

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