## 2006 FOR PROFIT CORPORATION

## Feb 14, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # V32552** STOLL CONSTRUCTION, INC. Principal Place of Business Mailing Address 607 LAKE DR. 607 LAKE DR. DELAND, FL 32724 DELAND, FL 32724 01272006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3120604 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FOSTER, WALTER E III DO NOT WRITE 315 SOUTH PALMETTO AVE DAYTONA BEACH, FL IN THIS SPACE 3. 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent algreture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U00000436637 Trust Fund Contribution. Added to Fees 02/28/06-80009-024 150.00 OFFICERS AND DIRECTORS 10. TITLE PSD STOLL, HERMAN JR NAME STREET ADDRESS 607 LAKE DR CITY-ST-ZIP DELAND, FL 32724 TITLE STOLL, HERMAN JR NAME 607 LAKE DR STREET ADDRESS CITY-ST-ZIP DELAND, FL 32724 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE me NAME STREET ADDRESS CATY-ST-ZIP TITLE

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 of trustee empowered to execute this regort as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachingly write an address, with afforder like empowered.

SIGNATURE: 4

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED