

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90424 044 ***158.75

DOCUMENT # V63600 1. Entity Name FIRST GENERAL CONSTRUCTION, INC.			
Principal Place of Business 2455 E. SUNRISE BLVD SUITE 1201 FORT LAUDERDALE, FL 33304		Mailing Address 2455 E. SUNRISE BLVD SUITE 1201 FORT LAUDERDALE, FL 33304	
2. Principal Place of Business 8001 NW 53 CT		3. Mailing Address 8001 NW 53 CT	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State LAUDERHILL FL		City & State LAUDERHILL FL	
Zip 33351		Zip 33351	
Country 		Country 	
4. FEI Number 65-0373413		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOGGE, JAMES R. 2455 E. SUNRISE BLVD 1201 FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent Name Thomas A Hogge Street Address (P.O. Box Number is Not Acceptable) 8001 NW 53 CT City LAUDERHILL FL Zip Code 33351	
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 <u>JAMES R Hogge</u> Director 4-25-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGGE, JAMES R <input checked="" type="checkbox"/> Delete 2455 E. SUNRISE BLVD SUITE 1201 FT. LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas A Hogge 8001 NW 53 CT LAUDERHILL FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete Thomas	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Thomas A Hogge</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4-25-06 Daytime Phone # 954 829 5478	