


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 526284		
1. Entity Name OAKHURST CONSTRUCTION CO., INC.		
Principal Place of Business 7497 135TH ST. NORTH SEMINOLE, FL 34646-3906	Mailing Address 7497 135TH ST. NORTH SEMINOLE, FL 34646-3906	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DARCANGELO, ALFRED J. 7497 135TH ST. NORTH SEMINOLE, FL 34646		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DARCANGELO, DENNIS J 7497 135TH ST N SEMINOLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DARCANGELO, MARINA A 7497 135TH ST N SEMINOLE, FL 00000,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DARCANGELO, GLENN J 7596 135TH ST N SEMINOLE, FL 00000,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DARCANGELO, SUSAN M 7596 135TH ST N SEMINOLE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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><i>Susan M Darcangelo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1730456	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

000000467778
03/24/06-80005-003 158.75

**DO NOT WRITE
IN THIS SPACE**

3/13/06 727-393-1130
Date Daytime Phone 1