


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

71. **FILED**  
**Aug 31, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90103 041 \*\*\*150.00

<b>DOCUMENT # P03000152598</b>					
1. Entity Name <b>A1A CONSTRUCTION INC</b>					
Principal Place of Business <b>2168 REEF DR ST AUGUSTINE, FL 32080</b>			Mailing Address <b>2168 REEF DR ST AUGUSTINE, FL 32080</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number <b>81-0640140</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				Additional Fee Required <b>\$8.75</b>	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ZAVISLAK, MICHAEL 2168 REEF DR ST AUGUSTINE, FL 32080</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>ZAVISLAK, MICHAEL</b>			NAME	
STREET ADDRESS	<b>2168 REEF DR</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE, FL 32080</b>			CITY-ST-ZIP	
TITLE	V	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>ZAVISLAK, MICHAEL A</b>			NAME	
STREET ADDRESS	<b>2168 REEF DR</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE, FL 32080</b>			CITY-ST-ZIP	
TITLE	ST	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>ZAVISLAK, MAGGIE</b>			NAME	
STREET ADDRESS	<b>2168 REEF DR</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE, FL 32080</b>			CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Michael Zavislak</i>		<b>Michael Zavislak</b>		Date: <b>7/19/05</b>	
				7/19/05 <b>570-328-7802</b>	
				Daytime Phone #	

-ATTACHMENT

~~11100210722~~

# PD 3000152598

7/18/15

TO Whom this may concern,

We need to waive the late fee for filing,  
I spoke to your company and was advised to  
fill out form & send a check for 150.00 along  
with a written letter.

Even though we registered our company, we  
haven't received our license to work in FL yet.  
We have no revenue to report.

We also only received one postcard about  
filing this report.

We are sending a check for 150.00

Thanks

Muhel Fardell