

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

| | | | |
|---|---|--|---------|
| DOCUMENT # P04000024790 | | | |
| 1. Entity Name INTRASTATE CONTRACTING, INC. | | | |
| Principal Place of Business 16555 SOUTH 108TH AVENUE ORLAND PARK IL 60467 | Mailing Address 16555 SOUTH 108TH AVENUE ORLAND PARK IL 60467 | | |
| 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 32-0112775 | | Applied For Not Applied | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PHALIN, LAWRENCE J ESQ 225 EAST ROBINSON STREET TWO LANDMARK CENTER SUITE 600 ORLANDO FL 32801 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL 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 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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 | P NASTAV, JOHN JR 2724 WAYNE CHICAGO IL 60614 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add 1100011462099 03/21/06-80045-015 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S NASTAV, KELLY 9440 PROVIDENCE SQUARE ORLAND PARK IL 60467 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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"/> Add |
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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, 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 *John Nastav Jr. Pres.* *John Nastav Jr.* *3/7/06* *7084034011*