


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 822805
 1. Entity Name
VULCAN, INC.



Principal Place of Business 410 E. BERRY AVE. FOLEY ALA. 36536 US	Mailing Address P.O. BOX 1850 FOLEY, AL 36536 US
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0513868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**NESHEM, WILLIAM T
 12966 SERATINE DR
 PENSACOLA, FL 32506**

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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 rotating)

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.	00000503318 04/26/06-80052-007 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO LEE, ROBERT W. 410 E. BERRY AVE. FOLEY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KONIAR, JOHN E. 410 E. BERRY AVE. FOLEY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, HAROLD 410 E. BERRY AVE. FOLEY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, MARVIN 410 E. BERRY AVE. FOLEY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEE, CATER 410 E. BERRY AVE. FOLEY, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMPSON, DAVID 410 E. BERRY AVE. FOLEY, AL

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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: David P Thompson 4-10-06 251 943 7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #