2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 08, 2006 08:00 AM **DOCUMENT # L51157 Secretary of State** BILL NELSON CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 327 LICKSKILLET ROAD P O BOX 538 LAMONT, FL 32336 US MONTICELLO, FL 32345-0538 US CR2E034 (11/05) 01112006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2995534 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NELSON, BILL DO NOT WRITE 327 LICKSKILLET ROAD LAMONT, FL 32336 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 Specime, typed or preved name of required agent and site it applicable. DATE (NOTE: Repretered Agent signature required when reinstaking) FILE NOWIII FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. me NAME NELSON, BILL 327 LICKSKILLET ROAD STRIET ADDRESS LAMONT, FL 32336 131Y-51-27 VST mt€ U00000459951 NAME NELSON, BRENDA 03/18/08-80053-024 150.00 STREET ADDRESS 327 LICKSKILLET ROAD (XIY-51-28 LAMONT, FL 32336 BILE MAM STREET ADDRESS DO NOT WRITE CRY-ST-ZP IN THIS SPACE TIME NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certily that the information supplied with this filling 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 outh, 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:

NAME
STREET ADDRESS
CITY-ST-DP

STREET ATORESS

Sunder All

BRENDA NELSON

3/6/06

(850) 997-8380

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