

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 384073

1. Entity Name

CHUREY & SON CONSTRUCTION COMPANY



Principal Place of Business

**931 N W 10TH AVE
BOYNTON BEACH FL 33426**

Mailing Address

**931 N W 10TH AVE
BOYNTON BEACH FL 33426**

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

59-1359322

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHUREY, JOHN
931 N.W. 10TH AVE.
BOYNTON BEACH FL 33426**

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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PDTR
NAME CHUREY, JOHN
STREET ADDRESS 931 NW 10 AVE.
CITY-ST-ZIP BOYNTON BCH FL

☐ Delete

TITLE V
NAME CHUREY, ROBERT
STREET ADDRESS 931 NW 10 AVE.
CITY-ST-ZIP BOYNTON BCH FL

☐ Delete

TITLE SD
NAME CHUREY, THELMA
STREET ADDRESS 931 NW 10 AVE.
CITY-ST-ZIP BOYNTON BCH FL

☐ Delete

TITLE D
NAME CHUREY, JOSEPH
STREET ADDRESS 9131 N.W. 10TH AVE
CITY-ST-ZIP BOYNTON BEACH FL 33426

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 1)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

U00000535931
05/08/06-80073-007 150.00

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06 561-75
Date Daytime Phone #