


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90072 048 ***158.75

DOCUMENT # 402421	
1. Entity Name FOLSOM CONSTRUCTION, INC.	

Principal Place of Business 1424 S. COMBEE ROAD LAKELAND FL, 33801 US	Mailing Address P O BOX 24988 P.O. BOX 24988 LAKELAND, FL 33802-4988 US
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60017877



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1403726	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
WATSON, STEPHEN C. 101 SOUTH FLORIDA AVENUE LAKELAND, FL 33801	One Lake Morton Drive

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title 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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FOLSOM, KATHY L 1424 S COMBEE RD LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLSOM, GLENN A 1424 S COMBEE RD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOLSOM, LARRY S 1424 S COMBEE RD LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Kathy L Folsom* **S/T/O** **2/3/06** **863-665-3177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #