

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 427107

1. Entity Name

CULLISON-WRIGHT CONSTRUCTION CORP



Principal Place of Business

112 N E 12TH ST
OCALA, FL 34478

Mailing Address

112 N E 12TH ST
OCALA, FL 34478



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1441025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CULLISON, JERRY B.
112 NE 12TH ST.
OCALA, FL 32670

**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 \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | CD |
| NAME | CULLISON, JERRY |
| STREET ADDRESS | 1403 S.E. FT. KING |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | D |
| NAME | CULLISON, VIRGINIA |
| STREET ADDRESS | 1403 SOUTHEAST FORT KING STREET |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | S |
| NAME | MANSFIELD, SANDRA CULLIS |
| STREET ADDRESS | 2875 S.E. 34TH STREET |
| CITY-ST-ZIP | OCALA, FL 34471 |
| TITLE | D |
| NAME | SIMONS, GARY C |
| STREET ADDRESS | 121 NORTHWEST THIRD STREET |
| CITY-ST-ZIP | OCALA, FL 34475 |
| TITLE | DVT |
| NAME | CULLISON, SARA |
| STREET ADDRESS | 2800 NORTHWEST 44TH AVENUE |
| CITY-ST-ZIP | OCALA, FL 34482 |
| TITLE | DP |
| NAME | MANSFIELD, BARRY |
| STREET ADDRESS | 2875 SE 34TH STREET |
| CITY-ST-ZIP | OCALA, FL 34471 |

U00000571206
07/19/06-80007-013 550.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C.D. 7/12/06 352-629-9572