2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 02, 2006 8:00 am **Secretary of State DOCUMENT # 437180** 02-02-2006 90075 015 ***150.00 1. Entity Name FERRELL CONSTRUCTION COMPANY, INC., OF **TALLAHASSEE** Principal Place of Business Mailing Address 1369 MAHAN DRIVE TALLAHASSEE FL 32308 1369 MAHAN DRIVE TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address 516 CAPITAL CIRCLE SE 1516 CAPITAL CIRCLE SE Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) STE STE City & State 4. FEI Number City & State Applied For 59-1493319 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERRELL, CARL SR Street Address (P.O. Box Number is Not Acceptable) 955 OLD FARM ROAD TALLAHASSEE FL 32311 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change . Addition NAME FERRELL, CARL SR NAME STREET ADDRESS 955 OLD FARM RD STREET ADDRESS CITY-ST-78P TALLAHASSEE FL 32311 CITY-ST-ZIP *32*317 Delete TITLE ۷D TITLE Change Addition FERRELL DORIS JEAN 1405 SHUFFIELD DR NAME FERRELL, LEROY NAME STREET ADDRESS 1405 SHUFFIED DR STREET ADDRESS DECEASED CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-7IP TALLAHASSEE, FL 32308 TITLE TITLE Detete ☐ Change _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleté TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 receives 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.

CARL FERRELL SR. JAN. 18 2006 850-933-1935

FILED