

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 437180



1. Entity Name
**FERRELL CONSTRUCTION COMPANY, INC., OF
TALLAHASSEE**

Principal Place of Business 1516 CAPITAL CIR SE SUITE C-1 TALLAHASSEE FL 32301-5143 US	Mailing Address 1516 CAPITAL CIR SE SUITE C-1 TALLAHASSEE FL 32301-5143 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number **59-1493319** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FERRELL, CARL SR
955 OLD FARM ROAD
TALLAHASSEE FL 32311**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 ✓
After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PD NAME: FERRELL, CARL SR STREET ADDRESS: 955 OLD FARM RD CITY ST ZIP: TALLAHASSEE FL 32317 <input type="checkbox"/> Delete	TITLE: VD NAME: FERRELL, DORIS JEAN STREET ADDRESS: 1405 SHUFFIELD DR CITY ST ZIP: TALLAHASSEE FL 32308 <input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____ <input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY ST ZIP: _____ <input type="checkbox"/> Delete
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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: CARL E. FERRELL *Carl E. Ferrell* 1/18/07 933 1935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #